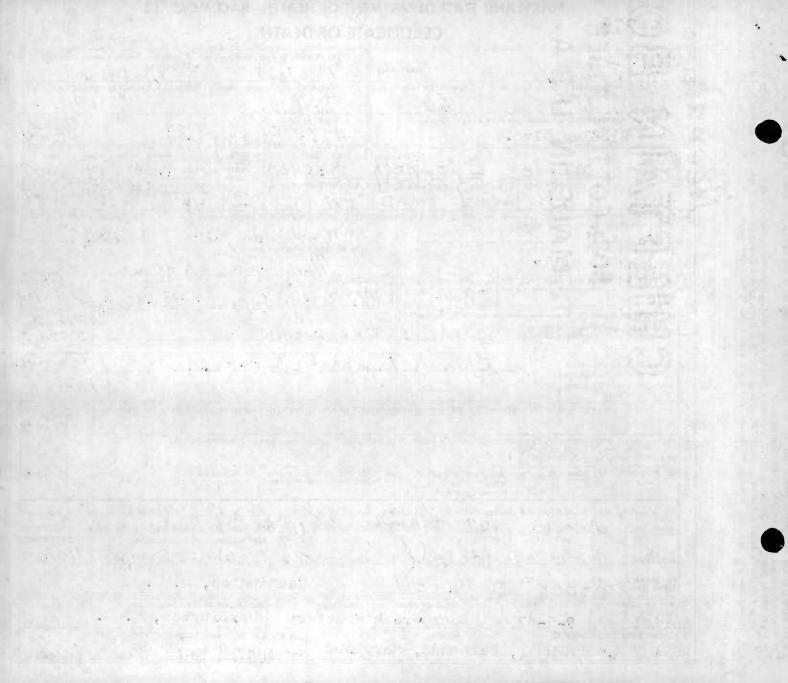
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 haurs after death. funeral and 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY fromery b. COUNTY papers. Pages I hin 72 haurs after MARYLAND montgomerce by the b. CITY OR TOWN (If outside corporate limits. c. CITY OR TOWN (If butside corporate limits, write RURAL and give neorest town) c. LENGTH OF STAY IN 1b write RURAL and give reporest town) TAKOMA WARK filled in d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 9063 MANChes YES NO Y carbon E NAME OF Middle DATE Month Year First Day campletely DECEASED OF DEATH ElOISE ENNE ent, 196 (Type or print) SEX 6. COLOR OR RACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS remave last birthdoy) Manths Doys Hours and in any WIDOWED DIVORCED and 10b. KIND OF BUSINESS OR 10g. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) during most of working life/even if retired) Own home COUNTRY? physician 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME burial, cremation, ar remaval, Theresa Ribbox attending permit. The Address Anchester Road Juer Spring M. 17 INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give wor ar dates of service) 154-20-9440 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) burial-transit PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (a) signed by DUE TO Canditians, if ony, which gove (b) rise ta immediate couse (a). DUE TO stoting the underlying couse Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to ATTENDING PHYSICIAN: The law 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) NO 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year Haur a.m. foctory, street, affice bldg., etc.) While Nat While 19 ot wark of work 21. I certify that (I) (this hospital) attended the deceased from July saw the deceased glive on July 7 1967, and that death 1967, and that death accurred a 1457PM, fram causes and an the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. Anaust 8 M.D. DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) Scholar 230. BURIAL, CREMATION, REMOVAL (Specify) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) Aug 10 Parklawn Cemetery Rockville. Maryland FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR VR A15 (4) Inc. Pumptirey. 20 M 1/66 Warner

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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Items #8 & 9 CERTIFICATE OF DEATH 11282 requires that the death certificate be executed within 24 hours after death. 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) PLACE OF DEATH a. COUNTY a. STATE b. COUNTY completely filled in by the fur love carbon papers. Pages 1 y event, within 72 hours after MONT COMERZ MARYLAND MONTGOMER b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) SPRIN SILUFA SPRING-ILDER e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STRFET ADDRESS d 06 YES NO -HOSPITAL 200 LOCKWOOD HOL) NAME OF Middle DATE Month Day Year DECEASED 22 ESNICK 67 19 (Type ar print) MARCELLA DEATH IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 6. COLOR OR RACE DATE OF BIRTH 7. MARRIED NEVER MARRIED los dirthdoy) Manths Days Haurs Sept. 29.1904 WIDOWED ond in any FEMALE DIVORCED pup 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. 81RTHPLACE (County & State, or foreign country) during most of warking life, even if retired)
Housewife COUNTRY? U.S.A. INDUSTRY New Jersey 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removol, Morris Jaffe Esther Netter 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, ar unknawn) (If yes give wor ar dotes af service 17. INFORMANT 16. SOCIAL SECURITY NO. Address Nathan Resnick Same as 2 Unknown No cremation, 18. CAUSE OF DEATH (Enter only one cause per line far (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL 8ETWEEN burial-tronsit MIRICULAR FIBRILLATTOM IMMEDIATE CAUSE (a) 9 DUE TO burial, HATERIOSCLEROTIC HEART DISEARE Canditians, if ony, which gove 40 YEAR rise to immediate cause (a). DUE TO stating the underlying couse be retained by the hospital or attending hos been last. 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) DIAB NO certificate for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I ar Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Caunty) (State) 20c. TIME OF INJURY Month, Doy, Yeor foctary, street, affice bldg., etc.) Hour a.m. Nat While ot work O FUNERAL DIRECTOR: After ot work 21. I certify that (I) (this haspital) attended the deceased from 1953, to 22 AUG . 1962, that (I) (we) last saw the deceased alive an 22 A UG 1967, and that death occurred at 500M, from causes and on the date stoted above. 22a, SIGNATURE 22b. DATE SIGNED STAFF PHYS. ATTENDING M.D. DIRECTOR ed ADDRESS 22d. 22c. PHYSICIAN'S NAME (Type) Henry R. Wolfe, 905 Sheridan St., Hyattsvlije, Md. MAD director, 1 should be 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (State) 23a. BURIAL, CREMATION, (Caunty) REMOVAL (Specify) 8-25-67 National Capital Hebrew Washington, D. C. Burial 25b. REGISTRAR'S SIGNATURE 25a. REC'D BY REGISTRAR ADDRESS 24. FUNERAL DIRECTOR Charles Goldberg Funeral Home 4217 9th St., N.W.

G.

VR A15 (4) 25M 1/67

CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY o. STATE COUNTY b. CITY OR TOWN (Il autside corporate limits, write RURAL and give nearest town) c. LEMSTH OF STAY IN 16 c. CITY OR TOWN (II autside corparate Amits, write RURAL and give nearest tawn d. NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? NO X 3. NAME OF First DATE Year DECEASED (Type or print) DEATH 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Months Days Haurs WIDOWED X DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN, OF WHAT 1). BIRTHPLACE (County & State, or foreign country) during most of working life even if retired)
Personnel Officer Asst INDUSTRY, Benefit Assn. 13. FATHER'S NAME 14. MOTHER'S MAIDEN/NAME DENDERDE Robert A. Jenkins Martha A. Johnson WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes give war ar dates af service) 139-22-9076 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (0) DUE TO Canditians, if any, which gave rise to immediate couse (o), DUE TO stating the underlying couse WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT VELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 PERFORMED? CERTIFICATION NO YES 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. 20c. TIME OF INJURY Manth, Day, Year (City or town) (County) (Stote) Haur a.m. factory, street, affice bldg., etc.) While Nat While ot wark ___ at wark 21. I certify that (1) (this hospital) attended the deceased fram 19 and that death occurred at 8 4 saw the deceased alive an M. fram fauses and an the date stated above 220. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. PHYS. DIRECTOR PHYS.

23a. BURIAL, CREMATION, REMOVAL (Specify)

22c. PHYSICIAN'S

FUNERAL DIRECTOR

NAME (Type)

Aug 8 1967

Michel M. Healy

23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY of Heaven Cemetery

23d. LOCATION (City or Town) 2Sa. REC'D BY REGISTRAR

AUG

22d. ADDRESS

DATE

25b. REGISTRAR 196

Maryland

(County)

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11284 CERTIFICATE OF DEATH the funeral ages 1 and 2 softer death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) in by the Pages I was after d a. COUNTY b. COUNTY OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after MARYLAND c. LENGTH OF STAY IN 16 If outside corporate limits. c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) and give nearest tawn e. IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) NO K YES 3. NAME OF Middle DATE Year campletely, DECEASED OF DEATH (Type or print) S. SEX 9. AGE (In year) IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARKIED last birthday Months Doys Hours WIDOWED DIVORCED IDo. USUAL OCCUPATION (Give kind of work done IDb. KIND OF BUSINESS OR BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval attending permit. The IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or bringwn). (If yes give wor or dotes of service 6 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove BLADDER rise to immediate couse (a), DUE TO stoting the underlying couse priar tal lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? Health NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) ot work 21. 1 certify that (1) (this haspital) attended the deceased from TUCY 17, 1967, to AUC 13 . 19 6 2. that (1) (we) lost sow the deceased plive on AVE 13 1967, and that death occurred at 3.2 M, from causes and on the date stated above TO FUNERAL DIRECTOR: 220. SIGNATURE-22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR 22c. PHYSICIAN'S 8218-WISCONSIN AVE DONOVAN NAME (Type) BETHESDA MA 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 8-16-67 Grandlawn Cemetery Detroit Mich 24. ELINERAL DIRECTOR VR A15 (4) 25M 1/67 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH 23/pm. DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11285 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) COUNTY e Deportment of 700-MARYLAND concre b. CITY OR DWN (If outside orporote limits, write RURAL and give nearest town) CITY OR TOWN (If outside corporate limits, write RURAL and give nearest rown) LENGTH OF STAY IN 16 de OTODIEC e IS RESIDENCE ON A FARM? NAME OF HDSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS form NO X in Item 18. Give Pages be executed within 24 hours ofter death. shauld be forworded to the Chief Medical Exominer's Office along with Middle NAME OF DATE Month Lost Doy Year DECEASED OF DEATH 196 Jost birthdoy) F UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIFD Months Hours deoth. WIDOWED DIVORCED permit. File poges 1 and 2 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND DF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) **INDUSTRY** 72 hours ofter mariland 14. MOTHER'S MAIDEN NAME pencil 13. FATHER'S NAME INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes_no, or unknown) (If yes give wor or dotes of service within 14-30-0832 INTERVAL BEJWEEN 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: buriol-tronsit CONSET AND DEATH event EXSONQUETION IMMEDIATE CAUSE (o) the certificote, writing the word This certificate should DUE TD any Shot gun- Wound -Conditions, if ony, which gove rise to immediate couse (o), = DUF TO stating the underlying couse Ď. pup 00 lost. used cremotion, or removol, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTDPSY PERFORMED? NO 20o. EXTERNAL CAUSE WAS PRIMARY € Lor CONTRIBUTING ☐ CAUSE OF DEATH. 20h. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 3 should Shot in Right Arm with 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Doy, Yeor (Stote) foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Poge While Potomac- Mont 1967 ot work Home ot work 21. I certify that I took charge of the remains described above, held an Autapsy Inspection , Inquiry X and in my apinion Naturol causes death resulted from: Accident Suicide . Homicide X Undetermined monner the funerol director. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER prior SIGNATURE O DEPUTY DEPUTY MEDICAL EXAMINER **EXAMINER'S** Health 1 John G. Ball NAME (Type) Address (Street, city, town, or county) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 50 Burial (Specify) 8/10/67 Forest Oak Gaithersburg Maryland Funeral Home-1331 Rockville Pike Tyson wheeler 2So. REC'D BY REGISTRAR VR A15ME (5 6M 1/67 Rockville, Md

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MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11288 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 haurs after death era 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decepsed lived, if institution: Residence before admission) o COLINTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corp. write RURA) and give near NGTH OF STAY IN 16 c. CITY OR TOWN (If outside comporate limits, write RURAL and give nearest town) d. STREET ADDRESS ON A FARM? pan NAME OF Middle 4. DATE and campletely fremave carban DECEASED (Type or print) DEATH and in anyevent. 6. COLOR OR RACE 9. AGE (In years 7. MARRIED NEVER MARRIED DATE OF BIRTH birthdoy) onths Doys Hours WIDOWED X DIVORCED Which pup 10a, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 RIRTHPLACE (Founty & Stote or foreign country) 12. CITIZEN OF WHAT Own Home during most of working life, even is retired 13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME ar remava Thaddeus Florence Whites 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN (Yes, no, or unknown) (If yes give wor or dotes of service) 215-54-6009 INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), burial-transit burial, cremati PART I. DEATH WAS CAUSED BY ONSET AND DEATH Coronary insufficiency two weeks IMMEDIATE CAUSE (a) DUE TO Advanced Coronary arteriosclerosis vears Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse ar attending last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY PERFORMED? Uremia, arteriolar and arterial mephrosclerosis & cerebral arteriosel+ vex PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.5 os is 20o. ACCIDENT WAS UNDERLYING by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) State Dept. 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) Not While Hour o.m While foctory, street, office bldg., etc.) of work ot work . 19 47, that (I) (we) last 21. I certify that (I) (this haspital) attended the deceased fram be retained Occe 1967, and that death accurred at 62 M, fram causes and an the date stated above. saw the deceased alive an-220. SIGNATURE 22b DATE SIGNED DIRECTOR M.D. director, page should be filed 22 PHYSICIAN'S 22d. ADDRESS FUNERAL NAME (Type) George Sharpe 10400 Conn. Avenue. Kensington. 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Lincoln Crematory 0 REC'D BY REGISTRAR Georgia Al 250 VR A15 (4 MAN AUG 25M 1/67 Tuneral Home Silver Spring.

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			PARTMENT OF HEALTH	
		Division of STATISTICAL RESEARCH AND RECORDS, 30	1 W. PRESTON STREET, BALTIMORE, MARYLAND 212	01.
FOR STATE		MEDICAL EXAMINER'S	CERTIFICATE OF DEATH	287
HEALTH DEPT.		LACE OF DEATH	2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	e béfore odmission)
to to to take the tak		OCOUNTY MONTGOMERY MARYLAND	O. STATE MARYLAND B. COUNTY MON	VT90mcRY
ry delay is ond 3 to PM3. Page artment af fter death.		c. LENGTH OF STAY IN 1b. write RURAL and give nearest, tawn)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give	nearest tawn)
2, and 3 to PM3. Page partment after death.		Bethesda. OUT.	Mockuille	15.1
1-E 9 500		NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
haurs after death. I Item 18. Give Pages Office along with far I and 2 with the State event within 72 hau	3	Suburbar NAME OF First Middle	Lost 4. DATE Month	Doy Year
ve Pag g with g with the sto		DECEASED Type or print) CARRIE ELIZABETH F	PITZ OF Aug. 2	29- 1967
after of Give of Give with the within	S.		8 DATE OF RIGHT 12 1 9 AGE (In years IF UNDER)	YEAR IF UNDER 24 HRS.
rs of 18.		FEMALE WHITE WIDOWED DIVORCED	JUNE. 11 1894 73 Yrs.	Doys Hours Min.
I haurs Item 1 Office I and 2		USUAL OCCUPATION (Give kind of work done ng mast of working life, eyen if retired) 10b. KIND OF BUSINESS OR INDUSTRY	Darcimore (OII	IZEN OF WHAT JNTRY?
thin 24 miner's (miner's (pages) in any		Housewife	MARYLAND	15A.
d within 24 in pencil in Examiner's Examiner's File pages and in any	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
d wit in pe Exar File and	15.			RETCHENS
cute ng" dical iral, rwal,		s, no, ar unknown) (If yes give war ar dates of service) 213-56-8709 Lo		
INER: This certificate shauld be executed within 24 haurs after death. e certificate, writing the word "pending" in pencil in Item 18. Give Page shauld be farwarded to the Chief Medical Examiner's Office along with files. 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the Stat nt, priar ta burial, cremation, ar remaval, and in any event within?? It		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)) wensing	INTERVAL BETWEEN
be hief		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COSONO 4 INS	sufficency Acute -	SONSET AND DEATH
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iffice of be old be intri	CERTIFICATION	PRIMARY 🗌 or CONTRIBUTING 🗆	(Enter noture of injury in Port I or Part II of item 18.)	
uner: Timer the certification is shauld by files. 3 shauld lent, priar	CALC	CAUSE OF DEATH. 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLAI	CCE OF INJURY (Home, form, 20f. (City or town) (Cou	unty) (Stote)
	MEDICAL	· / Hour o.m. O) O (While Not While of foct	tory, street, office bldg., etc.)	(31016)
AL EXAM EXAM Execute the reservation of the reserva		21. I certify that I took charge of the remains described above, he	eld on Autopsy , Inspection), Inquiry ,	ond in my opinion
exe or. F or f d fa d fa gnat			cide , Homicide Undetermined monner)
JTY Miny, please e eral director. be retained RAL DIRECTOR ar its design		ACTUAL O & SO CO	CHIEF MEDICAL EXAMINER	
Y Male dal		SIGNATURE John 9 1326	M.D. ASSISTANT MEDICAL EXAMINER 8 1201	22. DATE SIGNED
no DEPUTY Mb. AL EXAM necessary, please execute the funeral director. Page 4 5 may be retained far your O FUNERAL DIRECTOR: Page Health ar its designated aga		EXAMINER'S NAME (Type) JOHN G. BALL	DEPUTY MEDICAL EXAMINER A O A TEST Address (Street, city, town, or county) Betheso	da. Md.
DEPU necessa he fun may FUNE Health	230	BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR		(County) (Stote)
00 th 20 th 10 th		urial (Specify) 9-1-67 Cedar Hill	Cemetery Baltimore, Man	ryland
VR A15ME (5)		FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Mar	yland 250. RECD BY REGISTRAR 250 PEGISTRAR 5 SI	GNATURE
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11287 11288 CERTIFICATE OF DEATH papers. Pages I and a PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY b. COUNTY Maryland MARYLAND Pontaomeru b. CITY OR TOWN (If outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give neorest town) Silver Spring IS RESIDENCE ON A FARM? NAME OF HOSPITAL OR INSTITUTION (If nat in hospital, give street address) d STREET ADDRESS 10601 Glenhaven Drive YES NO V 3. NAME OF Middle 4. DATE First Last Month Doy Year DECEASED 19 6 (Type or print) ances DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7 MARRIED B. DATE OF BIRTH NEVER MARRIED last, birthday) Manths Hours WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) COUNTRY? during most of working life, even if retired) Grocer 1 ary land inocen retired -employed 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry Robey Elizabeth Martin 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Silver SpA 16. SOCIAL SECURITY NO (Yes, no, or unknown) (If yes give war or dotes af service) P 10601 Glenhaven Drive Oben 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) ONSET AND DEATH burial-transit p PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) þ DUE TO Canditions, if any, which gave rise to immediate cause (a), DUE TO stating the underlying couse as the WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN, IN PART 1(o) PERFORMED? for use Health p NO YES 2Dg. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2De. PLACE OF INJURY (Home, fgrm, (City ar town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year 2Dd. INJURY OCCURRED Hour o.m. factory, street, office bldg., etc.) Nat While at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram_ 140ela, 1963, to Club be retained saw the deceased alive an 16 auch 1967, and that death occurred at 1320M, from causes and on the date stoted above 220 SIGNATURE 22b. DATE SIGNED STAFF PHYS. M.D. DIRECTOR directar, page 3 should be filed 22d. ADDRESS 27c. PHYSICIAN'S TO FUNERAL NAME (Type) Thomas 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) 23a. BURIAL, CREMATION, REMOVAL (Specify) Cedar Hill Cemetery Suitland 25a. REC'D BY REGISTRAR Thomas ADDRIS 134 Ga. Ave. VR A15 (4) Pumphrey Juneral Home Silver Spring 25M 1/67

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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IF UNDER 1 YEAR

12. CITIZEN OF WHAT

COUNTRY?

(County)

22b. DATE SIGNED

(County)

Months

e IS RESIDENC

ON A FARM? YES

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IF UNDER 24 HRS.

Hours

INTERVAL BETWEEN

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WAS AUTOPSY PERFORMED?

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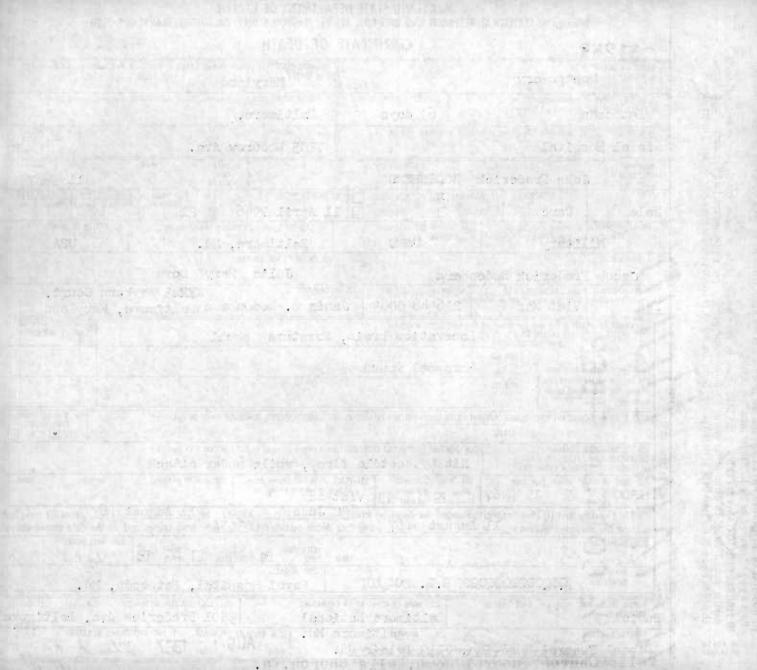
1967

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11288 PLACE OF DEATH 2. USUAL RESIDENCE (Whare deceased lived, if institution: Residence before admission a. COUNTY a. STATE b. COUNTY Montgomer haurs after MARYLAND Montgomery Mary b. CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give negrest tawn) OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs Par Takoma l campletely filled in b nave carban papers. ny event within 72 hau d. NAME OF HOSPITAL OR INSTITUTION (If nat\in haspital, give street address) d. STREET ADDRESS 06-A 3. NAME OF 4. DATE Manth DECEASED OF (Type or print) hobin50h DEATH 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH **NEVER MARRIED** and in any DIVORCED WIDOWED 2-15-03 and 1Da. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) during most of working life even if retired) **INDUSTRY** House wite 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial-transit permit. Then pi burial, crematian, ar remaval, attending phy permit. Then I Margaret J. Mone X 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMAN 16. SOCIAL SECURITY NO Address (Yes, no, or unknown) (If yes give wor or dotes of service) Becords. Washington Sanitarium 578-20-7500 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY UNGESTIVE IMMEDIATE CAUSE (a) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO ASSOCIATED Conditions, if ony, which gove rise ta immediate cause (a), DUF TO stating the underlying cause priar ta l as the has been PART II. OIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) director, page 3 shauld be detached far use shauld be filed with the State Dept. af Health MELLITUS certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Manth, Day, Year TO FUNERAL DIRECTOR: After this Haur a.m. Not While factory, street, office bldg., etc.) While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram. SM, fram causes and an the date stated above saw the deceased alive an_ and that death actuired at 22a, SIGNATURE MED M.D. PHYS. DIRECTOR PHYS 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION, 23b. DATE THEREOF Cedar Hill Cemetery Suitland, 25b. REGISTRAR'S SIGNATURE ADDRESS 2Sa. REC'D BY REGISTRAR Marley 1967

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

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1.	PLACE OF DEATH a. COUNTY	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE b. COUNTY	before admission)		
	Montgonery MARYLAND	STUER Spring, A	nd. Mont		
	b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give, nearest town)	c. CITY OR TOWN (If autside carparate limits, write RURAL and give	nearest tawn)		
	SILVER SORMA. 3d.	Mo Reyland	151		
	d. NAME OF HOSPITAL OR INSTITUTION (If pot in haspital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?		
	Holy Cross Hosp.	1500-FORST Glen Pd.	YES NO		
3.	NAME OF DECEASED Airst Middle	Lost 4. DATE Month	Day Year		
	(Type or print) $2E/a$	OSEN batt OF DEATH 8 -)	7 1967		
S.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	8. DATE OF BIRTH 9. AGE (In years IF UNDER) Months	YEAR IF UNDER 24 HRS. Days Hours Min.		
	/- // WIDOWED ☑ DIVORCED □	1/9/94 73 yrs.			
oo lut	n. USUAL OCCUPATION (Give kind at work dane ing mast of warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY		ZEN OF WHAT NTRY?		
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15.	. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I as, no, or unknown) (If yes give war or doles of service)	NFORMANT Dought - Address			
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	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)		INTERVAL BETWEEN		
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	last. (c)				
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MEDICAL		CE OF INJURY (Hame, farm, ory, street, office bldg., etc.) 20f. (City ar tawn) (Caur	nty) (State)		
	21. I certify that (I) (this hospital) attended the deceased fram_C	1966 to aug. 17, 196	7. that (I) (we)-las		
	saw the deceased alive an and 16 1967, and that	death accurred at 4:45 M, from causes and an the	e date stated abave		
	22a. SIGNATURE	ATTENDING AND CTAFF	TE SIGNED		
	Jene (, Colan M.D. PHYS. DIRECTOR LI PHYS. LI CUE				
	22c. PHYSICIAN'S GENE U. COHEN, M.D.	22d. ADDRESS 1106 SPRING ST SILVER SPRIN	6 MD.		
23	D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY . 23d. LOCATION (City or Town) (County) (State)		
	Burial 8/18/67 Douga Ceme	etery W. Roxbury, Ma	SS.		
2	4. FUNERAL DIRECTOR / ADDRESS /	2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SE			
	13 Dannansko + Jours 3501-14lle	17/1 DATAUG 2 1 1961 Jacobs	0		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled in by the funera director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon, papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death or the still be still be supplied by the state Dept. VR A15 (4) 25M 1/67

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he y th sit mat	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: OUSER AND BEATH			
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L OR ATTENDING y be retained by y be retained by DIRECTOR. After age 3 should be iled with the Stat	21. I certify that (I) (this hospital) attended the deceased from 1907, to 1907, to 1907, that (I) (we) last saw the deceased alive on 1907, and that death occurred at 1907, from the causes and on the date stated above.			
RECTOR SECTION OF THE STATE OF	22a. SUGNATURE) 22b. DATE BURNED			
AL O nay the Dispage page page ; file	M.D. PHYS. DIRECTOR PHYS.			
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11293 CERTIFICATE OF DEATH 11294 death. puo 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) 1. PLACE OF DEATH o. COUNTY o. STATE Pages c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) outside Corparate limits. c. LENGTH OF STAY IN 16 corbon-papers. Pag write RURAL and give nearest town requires that the death certificate be executed within 24 hours physician and completely filled in by e. IS RESIDENCE ON A FARM? d. SIREEL ADDRES INSTITUTION (If not in hospital, give street oddress) YES | NO 3. NAME OF Middle DATE First DECEASED 19 4 DEATH (Type or print) ond in any even 9. AGE (In years & lost pirthdoy) IF UNDER 24 HRS S. SEX 6. COLOR OR RACE IF UNDER I YEAR 7. MARRIED NEVER MARRIED en please remave Months Hours DIVORCED WIDOWED KIND OF BUSINESS OR 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) COUNTRY NDUSTRY 13. FATHER'S NAME removal, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) INTERNAL BETWEEN CAUSE OF DEATH (Enter only one couse per line for (o), burial-tronsit PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) þ DUE TO burial, Conditions, if ony, which gove rise to immediate couse (o), **DUE TO** stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate hos been os the lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION YES F NO for 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) detached 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 7 Not While foctory, street office bldg. etc.) of work of work be retained by 21. I certify that (I) (this haspital) attended the deceased fram ploods M, from causes and an the date stated above. , and that death accurred at saw the deceased alive an 22b. DAPE SIGNER 220. SIGNATURE STAFF PHYS. ATTENDING M.D. PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, po NAME (SVDE) 03666 ach 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23o. BURIAL CREMATION REMOVAL (Specify FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH

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ICIAN: lospital certifi thed fo ot. of H			20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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TOR:			saw the deceased alive on Aug / 2 1967, and that death occurred at 7.5 PM, from the causes and on the	
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age 4 ma FUNERAL FUNECTOR, p	1		NAME (Type) Horold Heiges MD 1835 Fy= 5/1	n
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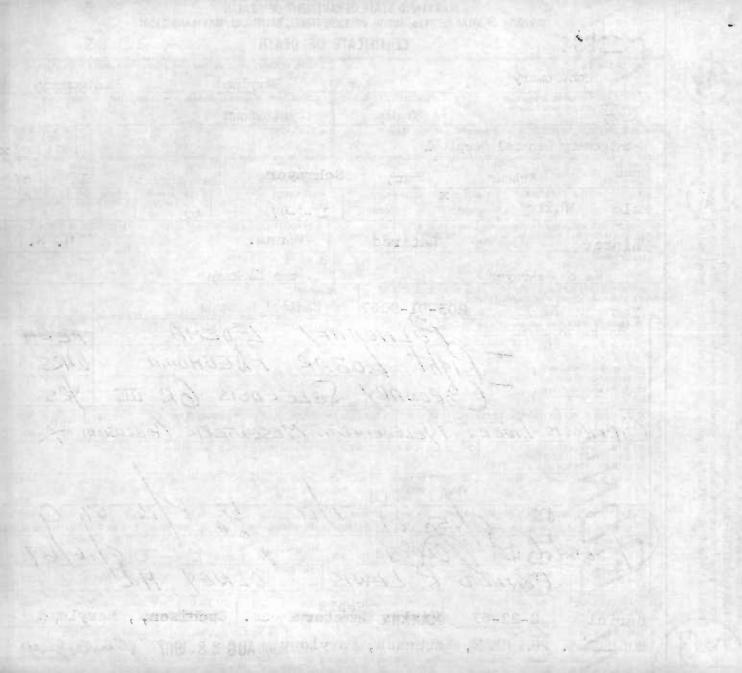
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11296 11297 CERTIFICATE OF DEATH within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) MARYLAND MONTGOMERY c. CITY OR TOWN of outside corporate limits, write RURAL and give nearest town c. LENGTH OF STAY IN 1b CHENY CHASE DETHESMA e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS = elymened DUBURBAN MAPLE NO X YES 3. NAME OF First Middle DATE Lost Manth Doy Year DECEASED (Type or print) DEATH 19 67 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed 9. AGE (In years lost birthdoy) 5. SEX IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED X DATE OF BIRTH IF UNDER 1 YEAR NEVER MARRIED Manths Dovs Haurs WIDOWED DIVORCED WHITE 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & State, ar foreign country) 12. CITIZEN OF WHAT ⊆ COUNTRY? during mast of warking life, even if retired) INDUSTRY Washington, D. C Retired -13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernestine A. Quensen WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Wash. D.C. (Yes, na, or unknown) (If yes give wor ar dates af service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY: ONSET AND DEAT IMMEDIATE CAUSE (a) DUE TO burial Canditions, if ony, which gove rise to immediate cause (o), DUE TO stoting the underlying cause haspital or attending as the 10 FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) use Health YFS NO far 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 1) of item 18.) detached f OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory, street, affice bldg., etc.) Nat While be retained by 21. I certify that (1) (this haspital) attended the deceased fram 1967, that (1) (we) las ta and that death accurred at 1 36 A.M., fram causes and an the date stated above saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF ATTENDING M.D. , page 3 TO HOSPITAL Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, shauld b 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City ar Tawn) (County) Burial Burial 8-15-1967 Joseph Gawler's Sons, VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11298 CERTIFICATE OF DEATH death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o STATE b. COUNTY Montgomery MARYLAND Md. Montg. 24 hours after b. CITY OR TOWN (If outside corporate limits, c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b bon papers. Page within 72 hours a write RURAL and give nearest town) Rockville Potoman __ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. SIKLLY MUUKLOS P NO IX 9721 Corral Drive 10500 Rockville Pike PHYSICIAN: The law requires that the death certificate be executed within 3. NAME OF cerbon Middle DATE ereiv First Year Day DECEASED 6. (Type or print) 19 event, ROTTH GRAHAM SCHILLING DEATH S. SEX IF UNDER 1 YEAR TE UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED B. DATE OF BIRTH 9. AGE (In years NEVER MARRIED COM remove Months lost birthdov) Days Hours Min Female White ond in ony WIDOWED DIVORCED 1893 pup 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired)
Housewife At Home please COUNTRYS physician Downes Grove, Ill. 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol. Mary Shaw Edmund H. Graham IS. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service 17. INFORMANT 16. SOCIAL SECURITY NO Address permit. Walter Schilling. Same as #1 No crematian, CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY ONSET AND DEATH remoma, IMMEDIATE CAUSE (o) p **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 moy be retoined by the hospital or ottending physician. DUE TO signed l buriol, Conditions, if ony, which gove (b) rise to immediate couse (a). DUE TO stoting the underlying couse prior to the lost (c) 00 WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) of Health NO X YES certificote Por 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Dov. Year (City or town) (County) (Stote) MEDI Hour 'o.m. factory, street, office bldg., etc.) Not While After 1 of work ot work 21. 1 certify that (I) (this hospital) attended the deceased from 1966, to 8-6 196 / that (1) (we)-last , and that death accurred at 477 M, fram causes and on the date stated above saw the deceased alive an 196 22o. SIGNATUR 22b. DATE SIGNED director, page 3 should be filed v DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. HYSICIAN'S FUNERAL NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE THEREOF NAME OF CEMETERY OR CREMATORY 23d. YOCATION (City or Town) (County) (Stote) Burial (Specify) Rock Creek Cemetery Washington 0 24. FUNERAL DIRECTOR 250. RECTURE REGISTRAR 19675b. REGISTRAR 5130 Wiscon Washington, Wisconsin Ave, NW VR A15 (4) 25M 1/67 Joseph Gawler's Sons. DATE

Manugunali · 301 553 Livico li whom bords A SOUL SHE THE Louned Draye, Calle, THE REPORT OF STREET Comme delleste 1.9 5-4 79 51-12 60 -5-6-Section 1 white the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11298 CERTIFICATE OF DEATH 11299 **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY Montgomery o. STATE b. COUNTY Maryland MARYLAND Montgomerv b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) bon papers. Pag within 72 haurs Hvattstown 30 days Olnev = d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) e. IS RESIDENCE ON A FARM? d. STREET ADORESS filled Montgomery General Hospital NO B YES maye carbon NAME OF Middle First Lost 4. DATE Month Year Doy DECEASED Schraver . Henry OF Arthur 67 August 19 (Type or print) DEATH IF UNDER 24 HRS S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNOER 1 YEAR 7. MARRIED **NEVER MARRIED** lost birthdoy) Months White Male WIDOWED DIVORCEO 12-2-97 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT .= COUNTRY ? physician c during most of working life, even if retired) Noustry Penna. Painter 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remava Jacob Schraver Emma Heckman attending permit. The 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) d Medical Records 203-01-9067 Yes crematian, 1B. CAUSE OF DEATH (Enter only one couse per line for (o) to and (c).) INTERVAL BETWEEN PART I. OEATH WAS CAUSED BY IMMEDIATE CAUSE (o) signed by EUMONIA Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse CLEROSIS as the FUNERAL DIRECTOR: After this certificate has been 19. WAS AUTOPSY PART-II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO CEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(s detached far use te Dept, af Health LOGLUSION IVER 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF OEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Not While ot work Ithis hospital attended the deceased fram_ 2]. I certify that (1) A M, fram couses and on the dote stored above. saw the deceased alive on , and that deoth occurred at 220. SJGNATURE MEO. DIRECTOR M.D. PHYSICIAN'S NAME (Type) 22d. ADDRESS directar, shauld b 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR GREMATORY 23b. OATE THEREOF 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
Burial Etchison, , Maryland 8-22-67 Cemetery. Cem. 0 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Marylant A. PUMPHREY, Bethesda,



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11299 CERTIFICATE OF DEATH 11360 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) COUNTY b. COUNTY b. CITY OR TOWN (If outside corporate limits, write, RURAL and give nearest fown) MARYLAND DEITKONKRL c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF ST ban papers. Page within 72 haurs a = d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? filled 1) onnewhook YES NAME OF Middle DATE Day Year campletely DECEASED in any event, v leanor 1967 (Type or print) DEATH SEX F UNDER 1 YEAR 9. AGE (In years IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Manths Days Hours WIDOWED DIVORCED physician and c 10b. KIND OF BUSINESS OR 10o. USUAL OCCUPATION (Give kind of work done 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign couptry) during most of working life, even if retired) Monts Co. Chool BrARd 13. FATHER'S NAME MOTHER'S MAIDEN NAME or remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMA Littleton St (Yes, na, ar wiknawn) (If yes give wor or dotes of service) 78-16-2084 Silver Sprin CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
 PART I. DEATH WAS CAUSED BY: INTERVAL BOTWEEN ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stoting the underlying cause has been the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE PERMINAL DISEASE CONDITION CIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? YES NO this certificate 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice blda.. etc.) Nat While FUNERAL DIRECTOR: After of work 21. I certify that (1) (this has rigal) attended the deceased fram be retained 19 67, and that death accurred a 115 115 M, fram causes and an the date stated above. saw the deceased alive an 22m. SIGNATURE DATE SIGNED M.D. PHYS. DIRECTOR 22d. ADDRESS PHYSICIAN'S Villiams NAME (Type) directar, shauld b 23o. BURIAL, CREMATION, 23b. DATE THEREOF / 067 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Cedar Hill Cemetery Suitland. 9 Maryland Ga. Ave. . 2Sa. REC'D BY REGISTRAR VR A15 (4) 25M 1/67 5 Pumphrey Tuneral Home Silver Spring.

Energy State X Late West of dec Cownal Edawa dates post Crawis tomes Tda astrolly bure grade it 69 a. 5 69 01-8 69 02.8 -69-18-8 Jourshau Hille aus 908 Pershaug Dr. Silv. Spris Long Thon M. Williams

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11301

300

CERTIFICATE OF DEATH

25 20. 0 0					
PLACE OF DEATH O. COUNTY	Manufacture and a second				ian: Residence befare admission)
	Montgomery	MARYLAND	o. STATE Mary	land	Montgomery
	(If outside carparote limits, and give nearest town)	c. LENGTH OF STAY IN 1b		tside corparate limits, write RUF	RAL and give neorest tawn)
Rockvi	ille		Rockv	ille	15.1
	TAL OR INSTITUTION (If not in hospitol,		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Potomac	Valley Nursing	Home	9 Nelson	Street	YES NO X
3. NAME OF DECEASED	First	Middle	Last	4. DATE Mont	h Day Year
(Type ar print)	ELLEN BR	EDELL SCHU	JMACHER	DEATH Augus	st 21, 19 67
S. SEX	6. COLOR OR RACE 7. MARRIED		ar 12,189	9. AGE (In years	Manths Doys Haurs Min.
Female	White WIDOWED	DIVORCED	141 12,109	4 7 Jast birthday) Yrs.	Multins Doys Hoors Mill.
10a. USUAL OCCUPATION	N (Give kind of work done 10b. KI	IND OF BUSINESS OR IDUSTRY	11. BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
Proof-re	lite, even if retired) IN eader-Newspaper	- Retired	North	Dakota	U.S.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N	NAME	
Henry	O. Bredell		Anna He	nsen	
15. WAS DECEASED EV	ER IN U.S. ARMED FORCES? 16. ((If yes give war ar dates af service)	SOCIAL SECURITY NO. 17. I	INFORMANT Dau	ghter Addre	
No No	(ii Aez dine mai ai agrez ai zernice)	Ca	rol A. Sh.	anahan Sa	ame as Item 2.
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20a. ACCIDENT WA	S UNDERLYING \(\square\) 20b. DE	SCRIBE HOW INJURY OCCURRED.	(Enter nature af injury in	Part I ar Part II of item 1B.)	
	G CAUSE OF DEATH MEDICAL EXAMINER)				
20c. TIME OF INJ	ent menny early rear		CE OF INJURY (Hame, farm		(Caunty) (State)
P.	.m. 19 While at war		ory, street, affice bldg., etc.)	1	
21. I certi	ify that (I) (this haspital) attend	ded the deceased fram_	11/7,1	96-5 to 5/2	1, 19 (/ that (I) (we) las
	leceased alive an	1967, and that	t death accurred at	443 M, fram causes	and an the date stated above
220 SIGNATURE) 5001/	1-11	ATTENDING COM	MED. STAFF	22b. DAJE SIGNED
7-11	Souchillet Hu	main, M.	D. PHYS.	DIRECTOR L PHYS. L	8/27/6/
22c. PHYSICIAN'S NAME (Type		unter // Ir	22d. ADDRESS 5		
issur (1 be				ockville, Ma	
23a. BURIAL, CREMATI		23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	
Grematic	3n 8-28-67	Cedar Hill		Suitland	Maryland
24. FUNERAL DIRECTO		ADDRESS			GISTRAR'S SIGNATURE
ROBERT A	. FUMPHREY, Be	thesda, Mary	Land DATALLO	25 1967 12	harles Judges

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and completely filled in by a director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Page should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours. Page 4 may be retained by the haspital or attending physicion.

VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11302 funeral s PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MONTBOMERY MARYLAND NEW JERSEL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after completely filled in by the 1 nove corban papers. Pages ny event, within 72 hours after b. CITY DR TDWN (If outside carparate limits, c. LENGTH DF STAY IN 1b c. CITY DR TDWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest tawn) BYAG ROCKUILLE METICHEN d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) IS RESIDENCE ON A FARM? alle time NO F umac YES rsing 3. NAME OF Middle DATE Year Last Month Doy DECEASED (Type or print) 196 DEATH S. SEX AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE B. DATE OF BIRTH 7. MARRIED NEVER MARRIED remove last birthday) Months Days Hours ond in any X FEMPLE CAUC WIDDWED DIVORCED ond 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) COUNTRY? ANDUSTRY ottending physician permit. Then please NEW RETURED GOVT-13. FATHER'S NAME 14. MOTHER'S MAIDEN NAMI burial, cremotion, or removal, ILLIAN VIS IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address permit. (Yes, no, or unknown) (If yes give wor or dates of service 38-30-6153 HOSP. RECORD 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN burial-tronsit PART I. DEATH WAS CAUSED BY ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The low requires the Page 4 moy be retoined by the hospital or attending physician. signed by DUE TD Conditions, if ony, which gove rise to immediate couse (a), DUE TO stoting the underlying couse hos been as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION of Heolth NO YES FUNERAL DIRECTOR: After this certificate Por 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HDW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m. foctory, street, office bldg., etc.) Not While of work ot work 21. I certify that (1) (this haspital) attended the deceased fram 1967, that (1) (we) last 1 6 19 6 7, and that death accurred at 1:25 M, from causes and an the date stated above saw the deceased alive an 22b. DATE SIGNED 22o. SIGNATURE DIRECTOR PHYS. 04-46-5 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) 8218 WISC. mo CURTIS AUF. ETHESDA 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Removal (Specify) 8-16-1967 9 250. REC'D BY REGISTRAR'S SIGNATURE Incaddress funeral Director (Saw) Sons 9 VR A15 (4) 25M 1/67 Charles DAMUG Z 1967 Wash.D.C Ave. N.W.

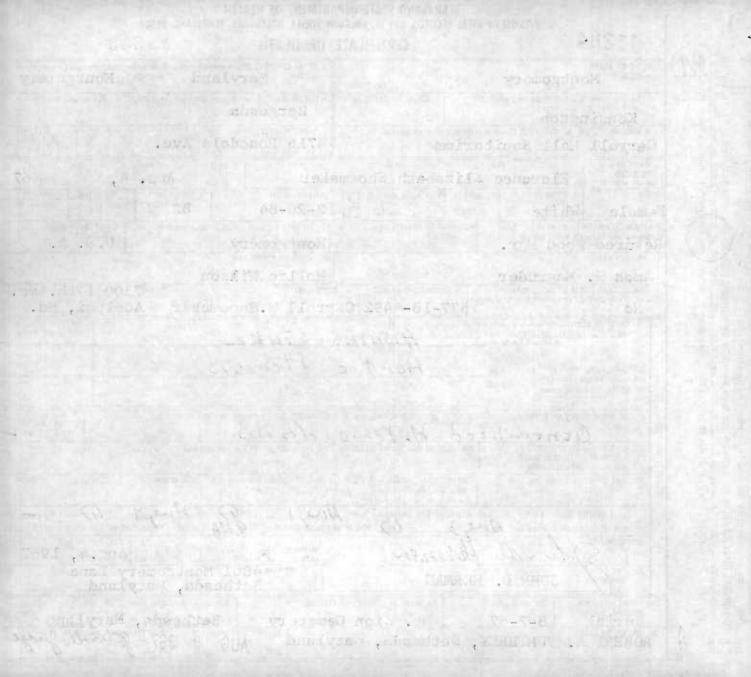
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FOR ST	ATE	11302 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH	DEPT.	1. PLACE OF DEATH O. COUNTY O. COUNTY O. STATE D. COUNTY MARYLAND 1. PLACE OF DEATH O. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence o. STATE b. COUNTY MARYLAND	before 'admission)
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ld be eyrd "pen	burial-transit p mation, or rer	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Myocardial Infarction, Posterior Due to	PRET NO DIATIS
INER: This certificote should be executed within 24 hours ofter death. se certificate, writing the word "pending" in pencil in Item 18. Give Page should be forwarded to the Chief Medicol Examiner's Office along with files.	used os o burial-transit permit. buriol, cremation, or removal,	Conditions, if ony, which gove rise to immediate cause (o), stoting the underlying cause lost. (b) Coronary arteriosclerosis (c) (c)	
is certif te, writ forwar		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
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e execute ctor. Page		21. I certify that I taak charge af the remains described abave, held an Autapsy (A). Inspection (A), Inquiry (A), death resulted fram: Natural causes (A), Accident (B), Suicide (B), Hamicide (B), Undetermined manner (B)	and in my apiniar
DEPUTY MESCA necessory, pleose ex the funerol director.	AL DIR	ACTUAL SIGNATURE GAMEN S. Ball M.D. ASSISTANT MEDICAL EXAMINER BEAMINER BEA	22. DATE SIGNED
O DEPUTY necessory, the funerol 5 mov be	O FUNERA Heolth or	NAME (Type) Address (Street, city, town, or county)	
To here	To He	Burial 8-9-1967 Parklawn Cemetery Rockville Md	aunty) (State)
	15ME (5).	Joseph Gawler's Sons, Inc. N. Wisc DC. Date AUG 3 1967 The Control of the August Augus	es Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11304 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) Montgomery o. STATE Maryland b. COUNTY stely filled in by the functional propers. Pages 1 c t within 72 hours after d MARYLAND Montgomery b. CITY OR TOWN (If outside carparate limits, c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 Silver Spring Olney d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 12325 New Hampshire Ave. 3501 Emory Church Road YES NO S 3. NAME OF Middle 4. DATE Manth Last Year DECEASED GRACE SHERTZER August 20,1967 19 (Type or print) IF UNDER 1 YEAR | IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years NEVER MARRIED last birthday) Haurs Days remos Female White Aug. 23.1887 in any WIDOWED DIVORCED ond 11. BIRTHPLACE (County & State, ar fareign country) 10a. USUAL OCCUPATION (Give kind of work dane 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT ring most of warking life, even if retired) COUNTRY? INDUSTRY Virginia Housewife Own Home 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME cremotion, or removal, John Thomas Payne Mary Virginia Claggett 15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) ((If yes give wor or dates of service) 17. INFORMANT 16. SOCIAL SECURITY NO. Address 579-03-0165-D Beverly .G. Morgan-Item # 2 No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) d (c).) INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. DUE TO Conditions, if any, which gove rise ta immediate cause (a), DUE TO stating the underlying couse ue aeroched for use os the State Dept. of Health prior to hos been PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED? 2120 iver NO To 2Dg. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER MEDICAL 20c. TIME OF INJURY Month, Doy, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Not While factory, street, affice bldg., etc.) at work ot work **FUNERAL DIRECTOR:** After 21. I cartify that (1) (this hospital) attended the deceased fram ________ , 1967 , ta Hug 20, 196/, that (1) (we) last 1967, and that death accurred at M, fram causes and an the date stated above. saw the deceased alive an_ 22b. DATE SIGNED 22a. SIGNATURE 8/20/67 DIRECTOR M.D. 17141 Old Balt. Rd., Olney, Md. 22c. PHYSICIAN'S Yates Richard director, po should be f NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify)
Burial 8/22/67 Suitland, Maryland Cedar Hill Funeral Home-1331 Rockville Pike ALLC 9 2Sb. REGISTRAR'S SIGNATURE orliances DATE AUG Rockville, "aryland

son the demand of the sye. Cold, I sures to the colden in The state of the s AND THE RESERVE OF THE PARTY OF Blumpasson, and the part of a long to to produce with the shall be average in the . The tento, he will make the tenton to be to the tenton The state of the s

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11304 11365 CERTIFICATE OF DEATH OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death the funeral 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH Maryland b. COUNTY Montgomery o. COUNTY o. STATE Montgomery MARYLAND ve carban papers. Pages event, within 72 haurs aft CLENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda Kensington filled in I d. STRFET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) ON A FARM 4715 Rosedale Ave. Carroll Hall Sanitarium NO NAME OF 4. DATE Month Year First DECEASED Elizabeth Shoemaker Aug. 67 Florence DEATH (Type or print) IF UNDER 1 YEAR IF LINDER 24 HRS 9. AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH ave last sirthday) Months Dovs Hours 12-20-84 White Female WIDOWED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT attending physican a permit. Then blease ian. ar remava, and n UCOUNTRY? during most of working life, even if retired)
Retured Food Mgr. INDUSTRY Montgomery 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Mollie Wilson Amos W. Magruder Addition 17th. Ave. 17. INFORMANT IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dotes of service) 77-18-4492 Carroll W.Shoemaker Adelphi. Md. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: ONSET AND DEATH burial-transit IMMEDIATE CAUSE (o) DUE TO burial Conditions, if ony, which gove rise to immediate couse (o), DUF TO stoting the underlying couse the haspital ar attending priar ta 19. WAS AUTOPS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) has PERFORMED? C26511 NO certificate Par 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20e, PLACE OF INJURY (Home, form, (Stote) 20d. INJURY OCCURRED (City or town) (County) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. foctory, street, office bldg., etc.) While Not While of work ot work O HOSPITAL OR ATTENDING Page 4 may be retained by 1962) that (1) (we) las 21. I certify that (1) (this haspital) attended the deceased fram Alex 19 (1), and that death accurred at @ 200 M, from causes and on the date stated above FUNERAL DIRECTOR: saw the deceased alive an_ 22b. DATE SIGNED 22o. SIGNATURE STAFF PHYS. Aug.4, 1967 M.D. directar, page shauld be filed 22d. ADDRESS 4801 Montgomery Lane 22c. PHYSURAN' HERMAN JOHN Bethesda, Maryland 23d. LOCATION (City or Town) 23b, DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 23o. BURIAL CREMATION REMOVAL (Specify)
Burial Bethesda, Maryland Mt. Zion Cemetery 8-7-67 0 250. REC'D BY REGISTRAR PUMPHREY, Bethesda, 24. FUNERAL DIRECTOR Maryland



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11305 CERTIFICATE OF DEATH 11306 requires that the death certificate be executed within 24 hours after death. completely filled in by the funerol rove carbon popers. Pages 1 and 1y event, within 72 hours ofter deat PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY o. STATE b. COUNTY b. CITY OR TOWN (If autside carparate limits, MARYLAND Montgomery c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) write RURAL and give negrest tawn) Jakoma Park months Par d. STREET ADDRESS e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) NO X 7620 Maple Avenue YES . Washington Sanitarium and Hospital 3. NAME OF Middle DATE Last Day Year DECEASED HOEMAKER DEATH August 1967 Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 7. MARRIED NEVER MARRIED Manths Days Haurs White Male WIDOWED DIVORCED March 19 1908 physicion and rem 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT Ξ during mast af warking life, even if retired) INDUSTRY COUNTRY? Washington. utomobile Mechanic 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME the ottending physnsit permit. Then p Frances Mc Coy Shoemaker 17. INFORMANT 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 7620 Maple Avenue 16. SOCIAL SECURITY NO. (Yes, na, ar unknawn) (If yes give war ar dates af service burial, cremation, or Ruby A. Shoemaker Park 577-10-3678 Maryland Upa CAUSE OF DEATH (Enter anly ane cause per line far (a) PART I. DEATH WAS CAUSED BY: INJERVAL BETWEEN (b), and (c) signed by the buriol-transit p ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Canditians, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause the hos been WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) PHYSICIAN: The NO by the hospitol or TO FUNERAL DIRECTOR: After this certificate for 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) (City ar tawn) (State) 20c. TIME OF INJURY Manth, Day, Year Haur a.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) factory, street, affice bldg., etc.) Nat While at wark at wark 190 / that (1) (we) last 21. I certify that (I) (this haspital) attended the deceased fram and that death accurred at 10, 9 M. Aram causes and an the date stated above saw the deceased alive on, 22b. DATE SIGNED 22a. SIGNATURE ATTENDING DIRECTOR PHYS. director, poge 3 should be filed v M.D. PHYS. 22d. ADDRESS 22c PHYSICIAN'S Silver Spring NAME (Type) University Blod. last. Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (Caunty) (State) 23a. BURIAL, CREMATION, REMOVAL (Specify) Falls Church. National Memorial Park 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 ohn 196/ Funeral Home Silver Spring

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RYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11307 11308 CERTIFICATE OF DEATH within 72 haurs after death and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND nonlamery Pages b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CLENGTH OF STAY IN 16 c. CITY OR TOWN exiside carporate limits, write RURAL and give nearest town) -.⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? filled YES I NO carban 3. NAME OF Middle 4. DATE Day Year campletely DECEASED nrs magare DEATH 19 The law requires that the death certificate be executed 6. COLOR OR RACE AGE (In years IF UNDER 1 YEAR | 1 IF LINDER 24 HRS G. MARRIED DATE OF BIRTH NEVER MARRIED remave last birthday) Months Haurs in any (WIDOWED DIVORCED and 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, ar fareign country) 12. CITIZEN OF WHAT physician c during most of working life, even if retired) INDUSTRY COUNTRY? narchan (fouse a) 13. FATHER'S NAME 14. MOTHER'S MALDEN NAME burial, crematian, ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, na, ar unknown) (If yes give war ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per line far (a), 1b), and (c). INTERVAL BETWEEN signed by the burial-transit p PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO Canditians, if ony, which gave rise to immediate couse (a). DUE TO stating the underlying cause as the Health priar to WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED witricht NOCI certificate 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth, Day, Year 20e. PLACE OF INJURY (Hame, farm, 20d. INJURY OCCURRED (City or town) (County) (State) Hour 'a.m. factory, street, affice bldg., etc.) Nat While ot work FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased fram director, page 3 shauld should be filed with the and that death occurred at 3 :65 A an the date stated above saw the deceased alive an couses and 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** M.D. DIRECTOR PHYS. PHYS 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a BURIAL, CREMATION. DATE THEREOF NAME OF CEMETERY OR GREMATORY 23d LOCATION (City or Town) (State REMOVAL (Specify) 9 241 FUNERAL DIRECTOR VR A15 (4) 25M 1/67 Meliantes

an K	1		11308 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ttem #2a,b,c & d Film #G373 10/22/A7 ph & Item #7 11310
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ot the deoth certificate be executed within 24 hou the otherding physician and completely filled in the	in 24 H illed ir popert	26	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress) US NAVAL d. STREET ADDRESS A STREET ADDRESS ON A FARM? YES NO
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	rtific ohys an p wol,		13. FATHER'S NAME Joseph H. Sitler Lizzie Knorr
	en ome		TO WAS DECEMEND THE WHILE ADMED FORCES. A SOCIAL SECURITY NO.
	deoth offendi ermit.		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Berwick, Pennsylvania 176 07 8339 Mrs. Esther M. Seely, 631 East 10th Street
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer a page 4 may be retained by the hospital or attending physician.	The law requires that the ottending physicion. has been signed by the se as the burial-transit physician to burial, cremotive		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost. (c)
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	Affer Affer Affer Stat		21. I certify that (I) (this haspital) attended the/deceased fram JUNE 29 1967, ta AUG 22 1967, that (I) (we) last
	OR: oalc		saw the deceased alive on ACC 22 /1967), and that death accurred at 4 P M, from causes and on the date stated above.
	O HOSPITAL OR ATTENI Page 4 may be retained D FUNERAL DIRECTOR: A director, page 3 should should be filed with the		220. SIGNATURE M.D. ATTENDING MED. STAFF 23 August 1967
	ral ray al pog pog e file	,	22c. PHYSICIAN'S NAME (Type) H Rives M D.
	VER.		Naval Hospital, Bethesda, Md.
	ro Hospital Page 4 may to Funeral director, pog should be fil		230. BURIAL (REMATION, REMOVAL (Secrify 1 23b. Date THEREOF 23c. NAME OF CEMETERY OR (REMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Secrify 1 23d. LOCATION (City or Town) (County) (Stote)
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11309 11309 CERTIFICATE OF DEATH the death certificate be executed within 24 hours after death by the funeral Pages 1 and 2 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY a. STATE b. COUNTY Montgomery MARYLAND Marvland b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. CITY DR TDWN (If outside carparate limits, write RURAL and give negrest tawn) r LENGTH DE STAY IN 16 days Baltimore Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) .⊑ d. STREET ADDRESS IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Marvland 3814 Moravia Road NO X NAME OF 4. DATE First Manth Year and completely DECEASED Mildred Regina Simpson August 22. 67 (Type or print) DEATH 19 IF UNDER 24 HRS S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED last birthdoy) Months Hours White Female 21 July 1917 WIDOWED DIVORCED 10a. USUAL DCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY Home physician on please during most of working life even if retired) COUNTRY? Maryland 14. MOTHER'S MAIDEN MEldred 13. FATHER'S NAME remayal John Taylor Tracey Amelia/Pfaff 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT The Medical Recoradress (Yes, no, ar unknawn) (If yes give war ar dates af service) 220-14-6108 The Clinical Center, Bethesda, Maryland 2001 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: ONSEL AND DEATH signed by the burial-transit p Cerebral embolus OR ATTENDING PHYSICIAN: The law requires that IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave Atrial thrombosis & calcification vears rise ta immediate cause (a), DUE TO stating the underlying cause tar use as the l f Health prior ta b this certificate has been Rheumatic Heart disease 40 years 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) YES X Bronchopneumonia NO [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (County) (State) Nat While factory, street, office bldg., etc.) at wark TO FUNERAL DIRECTOR: After be retained by 21. I certify that (t) (this haspital) attended the deceased from July 17, 1967, to August 221967, that (t) (we) last saw the deceased alive on August 22, 1967, and that death accurred at 3:30 M, from couses and an the date stated above. 220. SIGNATURE 22b DATE SIGNED STAFF PHYS. 🖾 22 August 1967 DIRECTOR director, page should be filed 22d ADDRES9The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Institutes of Health, Bethesda, Md, 20014 Lynn M. Peterson, MD 23c. NAME DF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b. DATE THEREOF (County) 23a. BURIAL, CREMATION, REMOVAL (Specify) ulaney Valley Mem. 8-23-1967 Timonium, Balto.Co., Md. 24. FUNERAL DIRECTOR UPTAL 25b. REGISTRAR'S SIGNATURE Wisc DC DATE Gawler's Sons, Inc. N VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11311 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed within 24 haurs after death. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTA pr tyom or MARYLAND CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write-RURAL and give nearest tawn Koma ecda Nao filled in bapers. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? hin 72 l NO To 3. NAME OF Middle First DATE Lost Month Doy Year DECEASED (Type or print) ave carly DEATH S SEX 6. COLOR OR RACE IF LINDER 1 IF UNDER 24 HRS 7. MARRIED DAJE OF BIRTH AGE (In years NEVER MARRIED lost birthdov Months Dovs Hours and in any WIDOWED DIVORCED pup 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BLKTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? Retired 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remaval, 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) crematian, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO signed burial. Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse as the has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) WAS AUTOPSY PERFORMED? Health p NO Ex this certificate 2Do. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port for Port 11 of item 18.) O HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retained by the haspital OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Doy, Yeor 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. foctory, street, office bldg., etc.) Not While ot work of work 21. I certify that (I) (this haspital) attended the deceased fram 19 67, that (1) (we) last 19 67, and that death accurred at 3 22aM, fram causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS Conn. Ave. 22c. PHYSICIAN'S NAME (Type) PHILIP BLOEMSMA Chase. 23d. LOCATION (City of Bown) BURIAL, CREMATION 23b. DATE THEREO NAME OF CEMETERY OR CREMATORY (County) (Stote) REMOVAL (Specify) lner 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

Market St. Co. St. Co. St. Co. St. Co. . TOTAL . THE LAST TARGET See LT 1857 Take LT 1857 **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages thould be filed with the State Dept. at Health priar ta burial, crematian, ar removal, and in any event, within 72 haurs after Aea

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11312

		CERTIFICA	ATE	OF DEATH					
o. COUNTY Montg		MARYLANI		2. USUAL RESIDENCE (W	/here decea	sed lived, if institu b. COU	tion: Residen	ce befare	admission)
h CITY OR	TOWN (If autside comparate limits			c. CITY OR TOWN (If aut		eta limite vusita DII	DAL and six	JUSa	terum!
, write RU	RAL and give nearest town)	27 Days					KAL and give		100
Bethes			- /	Fort Wa	Tron	Beach		4	-8.5
		t in haspital, give street address) 200	T	d. STREET ADDRESS				e.	IS RESIDENCE ON A FARM?
	inical Center,	Bethesda, Maryland	d J	lo Will	ard C	ircle		УІ	ES NO
NAME OF DECEASED	Firs	st Middle		Last	4. DATE OF	Man	th	Day	Year
(Type or pri	nt) A.	B. (initials only	y)	Smith	DEATH			27	19 67
. SEX		7. MARRIED NEVER MARRIED	_ _	B. DATE OF BIRTH		AGE (In years	IF UNDER Months		IF UNDER 24 HF
Male	White	WIDOWED DIVORCED		5 April 191	1	last birthday) 56 yrs.	MOIIIIIS	Days	Haurs Mir
a. USUAL OCC	UPATION (Give kind of wark done	10b. KIND OF BUSINESS OR		11. BIRTHPLACE (County &	State, ar fa	reign country)	12. CI	TIZEN OF	WHAT
ergea:	working life, even if retired) Arn	y Armed Services		Georg	ia		(0	UNIRYA	
3. FATHER'S				14. MOTHER'S MAIDEN N					-
Jo	hn H. Smith			Amanda	Youn	g			
WASDECE	ASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO.	17. 18	NFORMANT The Med		0	ess ma	07:	1 007
les, ne or unk	(If yes give war ar dates af	service) 255-07-8492 (Ton	ter, Bethes	alcar	Records	, The	GILL	ilcai
	E OF DEATH (Enter only one caus	127 01 0477) em	betre betnes	ua, M	aryland	200.12		EVAL BETWEEN
	I DEATH MALE CALLETS BY	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		A I .					T AND DEATH
1110		Myocardial Infa	rct	lon Acute				6	nours
Conditions, if ony, which gave) Severe Coronary Atherosclerosis							70		
rise to immediate cause (a)							TO A	rears	
	stating the underlying cause DUE 10								
	(c) NIH Type IV Hyperlipoproteinemia unknown								
PART II. O	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO								
20g. ACCID	ENT WAS UNDERLYING	20b. DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury in P	art 1 or Par	t II of item 1B.)		723	110
OR CONTRI	BUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER)								
(IF CHITICK,	OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e	PLAC	E OF INJURY (Home, farm,	20f.	(City or town)	(Car	unty)	(State)
200.	laur a.m.	While Not While		ory, street, affice bldg., etc.)	201.	(city of forming	1000	,,	(31010)
p.m. 19 at work 1 of work 1									
21. I certify that (%) (this haspital) attended the deceased fram 31 July , 1967, ta 27 August, 1967, that (%) (we) la saw the deceased alive an 27 August 1967, and that death accurred at 6:30 MA from causes and an the date stated above									
22a. SIGI	NATURE / /	1 1		ATTENDING	MED.	STAFF -	22b. DA	ATE SIGNED)
	Kopert cl.	Tens	M.D	PHYS.	DIRECTOR	PHYS.	28 1	lugus	t 1967
	22c. PHYSICIAN'S 22d. ADDRESS The Clinical Center, National								
NAN	Robert I.	Levy, M.D.		Institute	s of	Health,	Bether	sda,	Md.
3a. BURIAL, C		REOF 23c. NAME OF CEMETERY	OR	CREMATORY	23d. LC	CATION (City or To	iwn)	(Caunty)	(State)
REMOVAL		1,1967 Forrest	Cer	neterv	Gad	sen, A	Laban	a	
24. FUNERAL	DIRECTOR	ADDRESS	7 7	2Sa. REC'D	BY REGISTI	RAR2Sb. R	GISTRAR'S S	IGNATURE	. 4.0
ROBEI	RT A. PIIMPHRI	EY, BETHESDA, M	AR	YLAN D DATE AU	G 3 1	196/	Mar	Co)	noge
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11313 CERTIFICATE OF DEATH **ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY. MARYLAND b. CITY OR TOWN If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN te limitsawrite RURAL and give nearest town) write RURAL and give nearest town) arban papers. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET e. IS RESIDENCE ON A FARM? filled i YES NO 3. NAME OF DATE Doy Last Month Year DECEASED OF (Type or print) DEATH 19 6 4 S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR JE UNDER 24 HRS remave Jost birthdoy) Months Dovs Hours DIVORCED WIDOWED IDa, USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) INDUSTRY. physician en please and MILK SALESKEL 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal. Arthur Smith Sarah Marie Stanley 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, ng, or unknown) (If yes give war or dates of service crematian, CAUSE OF DEATH (Enter only one couse per line for burial-transit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) by the haspital ar attending physician. DUE TO signed Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse priar to lost. SD 19. WAS AUTOPSY has PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Health p PERFORMED? NO certificate 2Do. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part 1 or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 2Dc. TIME OF INJURY Month, Doy, Year 2Dd INIURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) Hour o.m. foctory, street office bidg., etc.) at work (1) (this haspital) attended the deceased fram. 21. I certify a 196 , that (I) (we) last be retained occurred at & P , and that death M, from causes and an the date stated above. saw the decased live an 22o. SIGNATU MED. DIRECTOR PHYS. PHYS. 22d. ADDRESS FUNERAL MACON director, I shavld be 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8-5-67 Jersey City Jersey City. 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67

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1 1	MARYLAND STATE DEPARTMENT OF HEALTH
(M)	CERTIFICATE OF DEATH 11315
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hours and 2 sl	MONT GOMERY MARYLAND MARYLAND MONT GOMERY b. CITY OR TOWN (if outside corporate limits, / c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)
24 in by	write RURAL and give nearest town) Silver SPRING 14 years SPVING 15
Pages after	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	8808 GLENVILLE ROAD RES NO BY
cuted pletely apers.	3. NAME OF First Middle Last 4. DATE Month Day Year DECEASED OF
exe Common distriction	(Type or print) JEANETTE MARY STANISH DEATH NOGUST 8 19 67 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years) F UNDER 1 YEAR IF UNDER 24 HRS.
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	10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (County & Stele, or foreign country) 12. CITIZEN OF WHAT COUNTRY?
hysician remove any eve	HOUSE WIFE Own home WASH D, C. U.S.A.
th og ph	13. FATHER'S NAME
dea dea	JOSEPH MAROCCI Vincenza mendeza
at the ne atternoval,	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. SOLFADMANT (Yes, no, or unknown) (Ifyasgive war or deleas of service) NONE, MR. NORMAN GENARO - 7214 Takema Puk, Md
trait the sea	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: ONSET AND DEATH ONSET AND DEATH
hysic pe	IMMEDIATE CAUSE (0) Cardingulmonin ares mins
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andir andir rial-t	gave rise to immediate cause DUE TO C recent muser and it in fauctions
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PHY the he his ce for u	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) PERFORMED? YES NO OR CONTRIBUTION TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
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NDI WDI WDI Geta Geta	Hour a.m. P.m. While Not While at work at work A three street, office bidg., etc.)
Dep Dep Dep	21. I certify that (I) (this hospital) attended the deceased from 2/27
at a state	saw the deceased alive on 11 5 19 6 7, and that death occurred at D. M. from the causes and on the date stated above.
3 3 S S S S S S S S S S S S S S S S S S	226. SYSNATURE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR PHYS. Q 196
TAI SAI SAI SAI	226. PHYSICIAN'S 22d. ADDRESS , 22d. ADDRESS
NERL Pag or, pa	HAROLD W. DRAPER 911 SILVER SPring AVE, MIL
HO HO FU	23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMÉTERY OR CREMATORY 23d. LOCATION (City, town or county) (Stote)
7 E E E E E E	Burial Aug 11, 1967 Fort Lincoln Cemetery Prince Georges Co. Md.
VR A15 (4) 21 (15M 7/61	124 FUNERAL DIRECTOR'S SIGNATURE (125 AUDRESS ADDRESS AUGUST AVENUE 1250. REGISTRAR'S SIGNATURE 1250. REGISTRAR'S
(0)	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE AUG 14 1961 Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11316 11315 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE MARYLAND c. LENGTH OF STAY IN 16 b CITY OR TOWN (If autside carporate imits. and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? state Give Pages be executed within 24 hours after death. 3. NAME OF Year DECEASED Wayne (Type or print) DEATH farwarded to the Chief Medical Examiner's Office alang 7. MARRIED IF UNOFR 24 HR NEVER MARRIEO Months oct. 31 1952 in Item 18. 72 hours after death WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (State or foreign country) 10b. KINO OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY ? during most of working life, even if retired) INDUSTRY Maryland Student pencil 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Staub. Sr. Helen Hawes 17. INFORMANT Mother 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO Address permit. (Yes, no, or unknown) (If yes give wor or dotes of service) Same as Item 2. None Helen Staub 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN burial-transit any event IMMEDIATE CAUSE (6) Exsanguination This certificate shauld writing the ward DUE TO Conditions, if any, which gove (b) laceration, left external jugular vein rise to immediate couse (a), DUF TO stoting the underlying couse (c) automobile accident 19. WAS AUTOPSY PERFORMED? crematian, or removal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) please execute the certificate, YES X NO pe 20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING ☐ CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) 3 shauld shauld 20c. TIME OF INJURY Month, Day, Year 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) factory ofreet, office bldg., etc.) Not While may be retained far yaur FUNERAL DIRECTOR: Page Duns Tom Mod Morat. ot work ot work 21. I certify that I taok charge af the remains described above, held an Autapsy , Inspection Inquiry and in my opinian Natural causes . Accident . death resulted fram: Undetermined manner Suicide . Homicide [the funeral directar. CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUN. JOHN G. BALL Address (Street, city, town, or county) Bethesda, Md. NAME (Type) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial (Specify) Parklawn Cemetery Rockville, Maryland 8-31-67 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE AODRESS 2So. REC'D BY REGISTRAR VR A15ME (5) PUMPHREY, Bethesda, Maryland 1967 Teliantes Junge

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	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, 1	MARYL
	11316 Item #23b Film #4392 8/30/67 ph	317
1.	PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution:	esidence be
	Montgomery MARYLAND Maryland Way land	onts
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)	give neer
	WASHINGTON GROVE 31 Washington Grove, 1	nd.
	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) d. STREET ADDRESS d. STREET ADDRESS	a.
-	404 Chestnut Street	Y
3.	NAME OF First Middle Last 4. DATE Month OF	Dey
_	(Type or print) George Cornelius Swann DEATH 8 2	
5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeers If UNDER 1 Months Months	YEAR IF
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de	ona during most of working life, even if retired)	ZEN OF W
10		AZ
13	FATHER'S NAME	
15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
(Y	es, no, or unkgwn) (Ifyasgivewarordetesofservice)	DUE
-	18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).]	INTERV
	PART I. DEATH WAS CAUSED BY,	ONSET
	IMMEDIATE CAUSE (6) COLONIA PROMICE ONCOLONY	
	Conditions, if ony, which (b) Caramon Re tongone	
	gave rise to immediata causa	
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z	COUSE 1631. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19.
ATIO		YES
CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
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MED	Hour a.m. While Not While factory, street, office bldg., atc.) p.m. 19 af work af work	
	21. I certify that (I) (this hospital) attended the deceased from May 1967 to Cary 12., 196	Z, that
	saw the deceased alive on	
	228. SIGNATURE ATTENDING MED STAFF	
	Lormes of Totalia M.D. PHYS. DIRECTOR PHYS.	
	22c. PHYSICIAN'S NAME Prype) James L. Hooper M.D. 13 Deer Park Dr. Gaithers	
		pung
23	e. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or count	')
1-		
	Burial 18/24/67 Parklaun Cemelery Mockette	W
	FUNERAL DIRECTOR'S SIGNATURE 316 ADDRESS Joseph And 258. REC'D BY REGISTRAR 256. REGISTRAR'S GAITHERS BUTG MP. DATE AUG 2 5 1967 Class	GIGNATURI

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WORT GOHEKY THEOREM STREET THESE Est Housean 142 PRISHING THE SAME TO COME & HELD THE 1555 E day 1 T 1947 A 1940 CT 7/10/1903 41 BETWEEN THE RELEASE THE KILLIAME A TESTERAL MAZELLE CORNELY (Like Land) Storest M. Verman D. L. V. C. Comman & C. Сандарая вининия Carelle assentes accollect him AL PERT H. GRELL HARNO 1106 " Belleville day 161867 the K Jung Donkey as Charm Lete_ Livered LIGHT BUILDING SER CHARLES WIND AND TO 1984 - MESSESS STORES

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Item #14 Film #6391 8/11/67 ph CERTIFICATE OF DEATH 11320 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY MARYLAND Pages b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest town) papers. Pa 2 months Sandy Springs e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) filled Earnshaw Apartments YES NO DE 3. NAME OF 4. DATE Year remove carbon Month Doy completely DECEASED OMPSON 1967 (Type or print) YEAR IF UNDER 24 HRS. DATE OF BIRTH AGE (In years IF UNDER 6. COLOR OR RACE 7. MARRIED NEVER MARRIED birthdoy) Months Doys Hours WIDOWED DIVORCED and and in an 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & Stote, or foreign country) during most of working life, even if retired) **INDUSTRY** COUNTRY? W5;U OHEGE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME burial, crematian, ar remaval, en Phiscilla/Richardson/ William B. Hardesty Eugenia Merriken WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT 3404 Rolling permit. (Yes no, or unknown) (If yes give wor or dotes of service 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: NTERVAL BETWEEN burial-transit ONSET AND DEATH IMMEDIATE CAUSE (o) **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. DUE TO signed k Conditions, if ony, which gove corenona rise to immediate couse (o), DUE TO stoting the underlying couse priar to last 19. WAS AUTOPSY PERFORMED? has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) CERTIFICATION NO certificate 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f. (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year Hour o.m. factory, street, office bldg., etc.) Not While of work of work 21. I certify that (I) (this hespital) attended the deceased fram_ 19 6 6 ta 7 196/, that (1) (we) last directar, page 3 shauld shauld be filed with the 30, 1967, and that death occurred at \$230 A M, fram causes and an the date stated above. O FUNERAL DIRECTOR: saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Lee Roy Waastaff NORDECK K 5000 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL CREMATION. 23b. DATE THEREO! 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Toy Hill Cemetery Alexandria, Virginia 2So. REC'D BY REGISTRAR DATE AUG VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201. 11320 CERTIFICATE OF DEATH PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death o. COUNTY 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COLINTY in by the Pages b. CITY OR TOWN (If outside corporate limits C. LENGTH OF STAY IN 15 c. CITY OF TOWN (If outside corparate limits, write RURAL and give nearest town) write RUKAD and give hearest town d. STREET ADDRESS d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) ON A FARM? filled NO 5 campletely f 3. NAME OF Middle 4. DATE DECEASED (Type or print) DEATH 196 S. SEX AGE (In years lost withdoy) IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR **NEVER MARRIED** Months Hours WIDOWED DIVORCED 10o, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) estaura 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO (Yes, no prynknown) (If yes give wor or dotes of service) 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH Embelism, massive, pulmenary artery IMMEDIATE CAUSE (o) DUE TO Cardiac arrhythmia 2 days Conditions, if ony, which gove (b) rise to immediate couse (a), DUE TO stoting the underlying couse Mural thrembus, right auricle due to cerenary O FUNERAL DIRECTOR: After this certificate has been the 2 days WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) YES X NO Obesity, marked and early hypestatic brenchepaeumenia 20o. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) the hospital OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Not While OR ATTENDING ot work 21. I certify that (1) (this haspital) attended the deceased fram MANCH, 1955, ta PAC be retained 3 / 1967, and that death accurred at 10 4 M, fram causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE 22b. DATE SIGNED director, page 3 should be filed v M.D. DIRECTOR Page 4 may b 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) JR. Rockville 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) B REMOVAL (Specify) Gate of Heaven Cem. 9-5-67 Silver Spring, Ma
REGISTRAR | 25b. REGISTRAR'S SIGNATURE Maryland 24. FUNERAL DIRECTOR **ADDRESS** 2So. REC'D BY REGISTRAR PUMPHREY, Bethesda, Maryland DATSEP 1967 Charles Judge

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	MARYLAND STATE DE	PARTMENT OF HEALTH	
1/4	DIVISION OF STATISTICAL RESEARCH AND RECORDS	, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAN	
Bu	t LT. 11/2 CERTIFICAT	E OF DEATH	?
		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence	before admission
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		c. CITY OR TOWN (If outside corporate limits, write RURAL end give nee	erect town)
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		hate here a les	1
13.	FATHER'S NAME	14. MOTHER'S MAJOEN NAME	17.
	JAMES TRUMAN THUMAS	Julia MAF CORDELL	
			711111111
(16	s, no, or untown) (If yes give war or dates of service)	NOTHER (Same)	
	18. CAUSE OF DEATH [Enter only one ceuse per line for (a), (b), end (c).]	ONSE	ET AND DEATH
	PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (e)	- pulmonary	3 hrs
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CER	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
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MED	Hour a.m. While Not While et work at work	3.0077, 31.007, 31.007	
	21. I certify that (I) (this hospital) attended the deceased from	n 8 / 3/ 19 67 to 8/3/ 19 62, the	at (I) (we) la
	saw the deceased alive on \$ /3/ 1967, and the	at death occured at	
	22e. SIGNATURE	ATTENDING MED STAFF	22b. DATE SIGNE
	J'y should	M.D.	31.61
	NAME (Type) Francis J. Troendle	50 W. Edmonston Dr. Rockville	, Md.
238	BEHOVAL (Specify)		(Steta)
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17	on wheeler runeral nome	DASEP O ISON	-
	1. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATI I. PLACE OF DEATH COUNTY MARYLAND b. CITY OR TOWN H outside exprorete limits, write first as diven negrest town) J. C. LENGTH OF STAY IN 16 MARYLAND d. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) J. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) J. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) J. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) J. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) J. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) J. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) J. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) J. NAME OF HOSPITAL OR INSTITUTION (if not in hospitel, give street address) J. NAME OF HOSPITAL (Give kind of work done during most of working life, even if retired) J. NAME OF BUSINESS OR INDUSTITUTION (If D. SOCIAL SECURITY NO. 17. J. WAS DECEASED EVER IN U.S. ARMED FORCES? J. WAS DECEASED EVER IN U.S. ARMED FORCES? J. WHOO WAS ALLED TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT INMEDIATE CAUSE (e) J. DUE TO Conditions, if any, which give risa to immediate cause (e), stating the underlying cause lest. J. DUE TO Conditions, if any, which give risa to immediate cause (e), stating the underlying Cause of DEATH J. DUE TO CONTRIBUTING CAUSE OF DEATH J. DUE TO CONTRIBUTING CAUSE OF DEATH Hour a.m. p.m. J. DUE TO CONTRIBUTING CAUSE OF DEATH HOUR a.m. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH SUT IN THE WORK CAUSE OF DEATH J. CETTER OF INJURY Month, Dey, Yeer While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not While Not W	DUSION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAI CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived, if individing Residence (Where decessed lived, individing Residence (Where decessed lived, individing Residence (Where decessed lived, i

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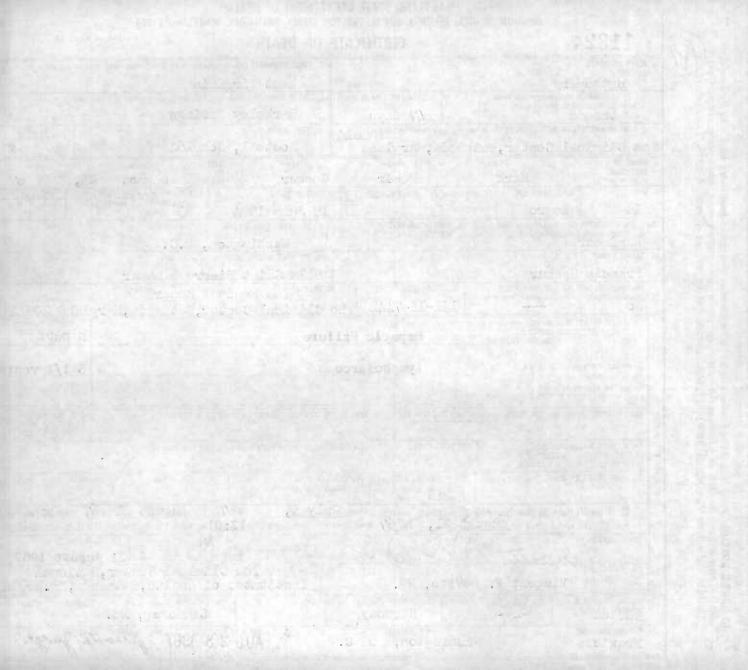
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11323 11322 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MARYLAND delay CLENGTH OF STAY IN 16 e. IS RESIDENCE ON A FARM? YES NO not in hospital, give street address) d. STREET ADDRESS farm 24 haurs after death. Examiner's Office alang with NAME OF DATE Middle Doy Year DECEASED OF DEATH AGE (In years S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DATE OF BIRTH lost birthdoy) Months Doys in Item 18. within 72 haurs after death. DIVORCED WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most working life, even if retired) INDUSTRY FATHER'S NAME be executed within pencil 16. SOCIAL SECURITY NO. INFORMANT farwarded to the Chief Medical vor or dates af service CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) INTERVAL BETWEEN burial-transit PART I. DEATH WAS CAUSED BY event Head with Osphydia Gon Shot wound y IMMEDIATE CAUSE (o) This certificate shauld writing the ward DUF TO any Aspirated - blevol Conditions, if ony, which gove rise to immediate couse (a), = DUF TO stoting the underlying couse 0 and SD 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) ar remayal, YES A NO 20o. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING □ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld 4 shauld 22 cal. Protel Shot Suit in head will CAUSE OF DEATH 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) (State) Not While of work foctory, street, office bldg., etc.) While may be retained far yaur FUNERAL DIRECTOR: Page at work Gaithers bury Monta 21. I certify that I taak charge of the remains described above, held an Autapsy Inspection . Inquiry 1 and in my apinian death resulted fram: Natural causes Accident Suicide VI Undetermined manner Hamicide [CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER priar SIGNATURE funeral DEPUTY MEDICAL EXAMINER **EXAMINER'S** John G. Ball7936 Old Georgetown Road av Bethanda. Health NAME (Type) 23g. 8URIAL CREMATION 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 0 5 8/28/67 BREMOVAL (Specify) Park Head Cemetery Park Head Maryla 25b. REGISTRAR'S SIGNATURE LADDES Rockville Pike EC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A 15ME (5) DATE AUG 28 1967 Tyson Wheeler Funeral Home Rockville, Md. 6M 1/67

Mary on Maryens Mosely may Sections DOA Shitleredown 1. C. Box 25° P.C. Buy 25 Thermone & May 28-1909 60 111 maylond 213A Hardelinger. alberta Glienie Cilmon Will To Crowny 25-14 7928 Steward Thuman JA 30 ARREST THE PROPERTY OF THE PROPERTY STATES Service Control of the State of the value of the state of the s DECK TORGE older and the land of the land

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 11324). PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY Montgomery b. COUNTY Maryland Montgomery MARYLAND b. CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest tawn) write RURAL and give nearest town) requires that the death certificate be executed within 24 hours Bethesda Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspitol, give street oddress) Ξ d STREET ADDRESS e. IS RESIDENCE 5505 Charlcote Road 5505 Charlcote Road YES NO F NAME OF First Middle 4 DATE Last Dov Year DECEASED OF DEATH ELIZABETH TRICKETT event (Type or print) S. SEX 6. COLOR OR RACE DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR | IF LINDER 24 HRS 7. MARRIED NEVER MARRIED lost Months birthdoy) Apr. 13. 1888 White Female WIDOWED DIVORCED pup 1Do. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT physician a during most of working life, even if retired) INDUSTRY COUNTRY ? and Penna. S. Housewife 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol, Phillip C. Swarty Helen 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Husband (Yes no ar unknown) ((If yes give war ar dates af service Same as Item 2. 157-18-6151 Thomas H. Trickett 10 n, 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN cremot burial-transit PART I. DEATH WAS CAUSED BY intractable IMMEDIATE CAUSE (o) DUE TO signed Canditians, if any, which gave rise to immediate couse (a). DUE TO stating the underlying cause O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 moy be retained by the haspitol or attending os the PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? Health NO X 2Do. ACCIDENT WAS UNDERLYING [7] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) detoched f te Dept. of h OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Hame, form, (City or town) 2Dc. TIME OF INJURY Manth, Day, Year (County) (State) Hour 'a.m. factory, street, office bldg., etc.) 21. I certify that (1) (this hospital) attended the deceased from luquist and that death accurred at 4 30 P.M. from causes and on the date stated above sow the deceased alive an august 12 TO FUNERAL DIRECTOR: 196 220. SIGNATURE 22b. DATE SIGNED M.D. DIRECTOR PHYS 22c. PHYSICIAN'S 22d. ADDRESS Wisconsin Ave. J. BLAINE NAME (Type) INZGERALD Bethesda. Maryland BURIANCREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) Burial (Specify) 8-21-67 Baptist Cemetery Salem. New Jersey 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ROBERT A 2So. REC'D BY REGISTRAR PUMPHREY. Bethesda. 25M 1/67

PAINTED L. SUREY A new on a sea of the control of the were the telephone to the start of the least See La d'Indiane Re Pince de la mere gen, se a América de la Marie

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11325 11324 CERTIFICATE OF DEATH **OR ATTENDING PHYSICIAN:** The low requires that the deoth certificate be executed within 24 hours after death PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) o. COUNTY o STATE West Virginia b. COUNTY ely filled in by the fun-bon papers. Pages 1 o , within 72 hours after g Montgomery MARYLAND b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Berkeley Springs Bethesda 47 days d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 2007 / d. STREET ADDRESS e. IS RESIDENCE ON A FARM? The Clinical Center, Bethesda, Maryland Route 1, Box 264 NO K and completely fill remove carbon i 3. NAME OF 4. DATE Month Dov Year DECEASED (Type or print) Nahar Mark Upshur August 21, 67 DEATH 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED last birthdoy) Months Male Negro 19 June 1904 WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) and in 12. CITIZEN OF WHAT during most of working life, even if retired)
Engineer INDUSTRY COUNTRY? the ottending physician sit permit. Then pleose Washington, D.C. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME or removal, Francis Upshur Ella Saint Pierre Nahar 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT The Medical Recorderess 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) 151-18-7442 The Clinical Center, Bethesda, Maryland 20014 cremation, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit 5 ONSEL AND DEATH Hepatic Failure IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove Lymphosarcoma 3 1/2 years rise to immediate couse (a). DUE TO stoting the underlying couse TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or ottending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? this certificate has YES X NO 20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) foctory, street, office bldg., etc.) Nat While ot work ot work FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) aftended the deceased from July 5, 1967, to August 21, 1967, that (1) (we) last saw the deceased alive an August 21, 1967, and that death accurred at 12:01 M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED PHYS. 21 August 1967 DIRECTOR M.D. 22d. ADDRESS The Clinical Center, National 22c. PHYSICIAN'S NAME (Type) Vincent T. DeVita, MD. Institutes of Health, Bethesda, Md. 20014 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 8-24-67 H rmony Landover, Md. 2 24. FUNERAL DIRECTOR **ADDRESS** VR A15 (4) 25M 1/67 Washington, Fraziers D



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 7 7 3 2 6 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STA HEALTH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) PLACE OF DEATH o. STATE Maryland o. COUNTY h COUNTY is p Montgomery Montgomery MARYLANO Page dy c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (If outside corporate limits. c. 1ENGTH OF STAY IN 1b. del write RURAL and give negrest tawn) 4 years Silver Spring Silver Spring d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET AOORESS e. IS RESIDENCE ON A FARM? 00 105 East Franklin Avenue NO To 105 East Franklin Avenue YES 3. NAME OF 4 DATE Month Dov Year lan DECEASED Marcia August 19 67 DEATH (Type or print) 9. AGE (In years IF UNDER 1 YEAR IF UNOER 24 HRS B. DATE OF BIRTH S. SEX 6. COLOR OR RACE 7. MARRIEO M NEVER MARRIED lost birthdoy) 50 yrs. Months Jan 30. 1917 Female. Caucasian WIOOWEO OIVORCEO haurs after death be executed within 24 haurs Jand 2 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR COUNTRY? during most of working life, even if retired) Maryland Retired Secretary
13. FATHER'S NAME the Chief Medical Examiner's 14 MOTHER'S MAIDEN NAME Nettie Brown Robert A. Barbee 15. WAS OECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes give wor or dotes of service) 17. INFORMANT within 72 Nelson E. Van Dercook S None TERVAL BETWEEN CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) ONSET AND DEATH burial-transit event PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) This certificate shauld writing the ward DUE TO any Conditions, if ony, which gove rise to immediate couse (o), should be farwarded ta = DUE TO stoting the underlying couse O. and ds pe nsed PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPS ar remayal, PERFORMED? YES 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.) PRIMARY Or CONTRIBUTING CAUSE OF OEATH. 20e. PLACE OF INJURY (Home, farm, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Dov. Year 20d. INJURY OCCURREO foctory, street, office bldg., etc.) Hour o.m. Not While ot work 21. I certify that I taak charge af the remains described above, held an Autapsy Inspection and in my apinian FUNERAL DIRECTOR: Natural causes death resulted from? Undetermined manner funeral directar. CHIFF MEDICAL EXAMINER 22. DATE SIGNED ACTUAL ASSISTANT MEDICAL EXAMINER SIGNATURE_ Health priar **EXAMINER'S** may NAME (Type) 23d. LOCATION (City or Youn) 23c BURIAL CREMATION. 0 REMOVAL (Specify) Rockville. Maryland Parklawn Cemetery 250. REC'D BY REGISTRAR VR A15ME (5) DATE AUG Inc. Silver Spring, Pumphrey.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1 1 3 2 8 11327 MEDICAL EXAMINER'S CERTIFICATE OF DEATH PLACE OF DEATH . USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY 2. p delay b. CITY DR TDWN (If gutsi C. LENGTH DF STAY IN 16 corporate limits, write RURAL and give d. STREET ADDRESS e. IS RESIDENCE ON A FARM? shauld be farwarded to the Chief Medical Examiner's Office along with farm Give Pages YES ND the Star hours after death. NAME OF Year DECEASED OF DEATH (Type or print SEX AGE (In years NEVER MARRIED robit Months Doys Hours in Item 18. within 72 haurs after death. WIDOWED DIVORCED OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working life, even if retired) Self employed COUNTRY? nacheening be executed within 13. FATHER'S NAME pencil Venable permit. File .⊆ 16. SOCIAL SECURITY NO 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service pending" 714-16-9208 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).
PART I. DEATH WAS CAUSED 8Y: ONSET AND DEATH burial-transit event Aneurysm, abdominal aorta, ruptured This certificate should writing the word DUF TD any Conditions, if ony, which gove (b) arteriosclerosis, generalized, severe rise to immediate couse (o), 9 DUE TO stoting the underlying couse and 19. WAS AUTD PSY PERFORMED? ar remayal, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NDT RELATED TO THE TERMINAL DISEASE (DNDITION GIVEN IN PART I(a) the certificate, NO 20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING CAUSE OF DEATH crematian. 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (Stote) 20c. TIME OF INJURY Month, Doy, Year (County) Hour o.m foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page please execute Inquiry (X) 21. I certify that I taak charge of the remains described above, held an Autopsy 🔀 Inspection X and in my apinian priar ta burial, death resulted fram: Natural causes Accident Suicide Undetermined manner Hamicide funeral directar. be retained CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. Address (Street, city, town, or county) Bethesda. Md. Health NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) **BURIAL, CREMATION** 23b. DATE THEREOF 0 Bur Tal (Specify) 9-2-67 Parsons Cemetery Salisbury, Maryland PUMPHREY, Bethesda, Maryland 2So. REC'D 8Y REGISTRAR VR A15ME (5) 6M 1/67 DATE SEP

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11328 11329 CERTIFICATE OF DEATH death funeral 1 and PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY Montgomery o. STATE Virginia urbon papers. Pages 1 c Prince William OR ATTENDING PHYSICIAN: The law squires that the death certificate be executed within 24 hours after MARYLAND b. CITY OR TOWN (If outside carparate limits, Bethesda Rural CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) 7 Days Quantico Rural d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 246 Third Ave. Naval Hospital YES K NO completely fi NAME OF Middle 4. DATE Day Year DECEASED WADDICK JOHN. EDWARD AUG 26 19 67 (Type or print) DEATH SEX 6. COLOR OR RACE IF UNDER 1 YEAR IF UNDER 24 HRS. 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED TO NEVER MARRIED remove last birthday) Manths Days Hours Male Cauc June 15. 1906 WIDOWED DIVORCED and in any pup 10a. USUAL OCCUPATION (Give kind of work dane 11. BIRTHPLACE (Caunty & Stote, or fareign country) 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT physician a during most of warking life, even if retired)
Military COUNTRY? INDUSTRY Marine Corps Chicago, Illinois 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME cremation, or removal, John Francis Waddick Emma Pokrant 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address 246 3rd Ave 17. INFORMANT (Yes, no, orunknown) (If yes give war or dates of service) 224-54-3049 Marjorie Waddick (Wife) Quantico, Va. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit burial, cremati ONSET AND DEATH Left Cerebral Infarction **O HOSPITAL OR ATTENDING PHYSICIAN:** The law sequires the Page 4 may be retained by the hospital or attending physician. Arteriolosclerotic Hypertensive Cardiovascular Conditions, if ony, which gove Disease rise to immediate cause (a). DUE TO stoting the underlying couse detached for use as the ie Dept. of Health priar to 9. WAS AUTOPSY PERFORMED? this certificate has PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER director, page 3 should be detache should be filed with the State Dept. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) (County) (State) Haur a.m. factory, street, affice bldg., etc.) at wark at work O FUNERAL DIRECTOR: After 21. I certify that (1) (this haspital) attended the deceased fram Aug 19, 19 67, to Aug 26, 19 67, that (1) (we) last saw the deceased alive on Aug 26 19 67, and that death accurred at 2:30AM, from causes and on the date stoted abave. saw the deceased alive on Aug 26 22a. SIGNATURE 22b. DATE SIGNED ATTENDING M.D. DIRECTOR 27 August 1967 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) Naval Hospital, Bethesda, Maryland Peter T. KIRCHNER 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE THEREOF 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Arlington National 30 AUG. Arlington, Virginia Burial 24. FUNERAL DIRECTOR
Cunningham-Montcastle Woodbridge, Va. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Thorles

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	18. CAUSE OF DEATH [Enter only one cause par tine for (a), (b), end (c),)	INTERVAL BETWONSET AND DE
2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Severe chronic brain synchronic & sendetry 200. ACCIDENT WAS UNDERLYING II. 200. DESCRIPE HOW INJURY OCCUPAGED (Entry pagency of injury in Part Los Part II of 1967 18.)	19. WAS AU PERFOR YES N
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7	22c. SIGNATURE Trederich Moomau M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. B. 8-1 22c. PHYSICIAN'S NAME (Type) Frederick Moomau M.D. Medical Center, Sandy Sp.	17-67 12-67
3	10. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) REMOVAL (Spacity) aug. 19,1967 Mt. Olinet Cemetery Frederict, Man	1 land
1 / -	FUNERAL DIRECTOR'S SIGNATURE THOM EADDRESS 3/6 E. Diamond 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE CONTROL FOR THE PROPERTY CONTROL DATE AUG 2 1 1967 FUNERAL CONTROL CONTRO	NATURE

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11330 CERTIFICATE OF DEATH death. I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY a. STATE b. COUNTY lontgomer MARYLAND b. CITY OR TOWN (If outside carporote limits, OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours at c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town Kensing .= d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? etely filled m: H YES NO X NAME OF Lost DATE Month Doy Year DECEASED OF DEATH rederick Walker X 26 19 67 (Type or print) or removol, and in ony event, 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED **NEVER MARRIED** DATE OF BIRTH 9. AGE (In years remove birthdoy) Months Doys Hours M WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work dane 10b, KIND OF BUSINESS OR 11. B!RTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most af warking life, even if retired) INDUSTRY physicion Jupervisor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Frederick CCLESTON 1S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service AMASCI cremation, CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH buriol-transit IMMEDIATE CAUSE (o) þ physicion. DUE TO signed buriol, Conditions, if any, which gove rise to immediate couse (a). DUE TO Page 4 may be retained by the hospitol ar attending stoting the underlying cause this certificate has been use os the prior to WAS AUTOPS'
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FOR STATE

in pencil in Item 18. Give Pages 1, 2

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is

the funeral director. Page 4 should be farwarded to the Chief Medical Examiner's Office along with form

necessory, please execute the certificate, writing the word "pending"

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the State Depart Health prior to burial cremation, or removal, and in any event within 72 hours ofter death.

Health prior ta buriol, cremation, or removal, and in any event within 72 hours ofter death

HEALTH DEPT.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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18. CAUSE OF	DEATH (Enter only one couse p EATH WAS CAUSED BY:							INTERVAL BETV	
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EXAMINER'S NAME (Type)	JOHN G.	BAL	L	DEF	PUTY MEDICAL EX dress (Street, cit			da, Md.	
230. BURIAL, CREMA	TION, 23b. DATE THEREO)F	23c. NAME OF CEMETERY			23d. LOCATION (C			ote)
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24. FUNERAL DIRECT	TOR		thesda, M		250. REC'D BY	REGISTRAR	25b. REGISTRAR'S	SIGNATURE Wes Judg	
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11332 CERTIFICATE OF DEATH be executed within 24 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY monlgomek MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) Wheaton Washington, D.C. 1 mo. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO 3. NAME OF DATE Middle Doy Year DECEASED Samue wes 15 (Type or print) 19 60 physician and camplet en please remave car DEATH S SEX IF UNDER 1 YEAR IF LINDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months Dovs Hours and in any WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? The law requires that the death certificate Marylano COULERN MENI 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME ar remayal, attending phys permit. Then F 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN Chery Chas (Yes, no, or unknown) (If yes give wor or dotes of service Mrs Walter A. Brown - 121- Primrose 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY ONSET AND DEATH seclina aneurysm IMMEDIATE CAUSE (a) Page 4 may be retained by the haspital ar attending physician. DUE TO 1zed ATheroseleRosis Conditions, if ony, which gove rise to immediate couse (o), DUE TO stoting the underlying couse e State Dept. of Health priar to as the 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) NO X this certificate Б 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, farm, (City or town) (County) Hour 'a.m. foctory, street, office bldg., etc.) Not While 19 66 to aug 21. I certify that (1) (this haspital) attended the deceased fram 1967 that (1) (we) last 19 62, and that death accurred at 10 370 M, fram causes and an the date stated above. saw the deceased alive an aug 22o. SIGNATURE 22b. DAJE SIGNED an DIRECTOR r, page be filed 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) directar, p 23o. BURIAL, CREMATION 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Rock Creek Cemetery Waghington ADDRESS CREED BY REGISTRAR 7-1967 24. FUNERAL DIRECTOR VR A15 (4) 25M 1/67

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	1	1333	Item #0	rilm #	CERTIFIC	CATE	OF DEATH		11:	335
aurs after death. by the funeral Pages 1 and 2 raurs after Ceath	1	PLACE OF DEATH OUNTY Montgome	TV		MARYLA	AND	2. USUAL RESIDENCE (Where o. STATE	b. (Ot	JNTY	
the f ages s afte		o. CITY OR TOWN (I	f autside carparate limit give nearest tawn)	s,	c. LENGTH OF STAY IN		C. CITY OR TOWN (If autside	carparate limits, write RI	JRAL and give no	eorest tawn)
haurs s. Py haur	-	Wheaton	AL OR INSTITUTION (If no		1 mo.		N. W. (section d. STREET ADDRESS	n)	47.	e. IS RESIDENCE
Illed i paper in 72			tv Nursino	-3411			2301 11th St	. NIII		ON A FARM? YES NO
within	3.	NAME OF DECEASED Type or print)	Fi	rst	Middle enyon West		Shell	DATE Mor OF DEATH	nth 8/13/67	Day Year 19
ecuted comple green	S.	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED DIVORCED	B	DATE OF BIRTH 1883	9. AGE (In years lost birthdoy)	IF UNDER 1 YE	EAR IF UNDER 24 HRS. Toys Hours Min.
be exe n and c se remo	10o duri	ng most of working	Negro (Give kind af wark dane lite, even if retired)		IND OF BUSINESS OR IDUSTRY		7/18/1884 11. BIRTHPLACE (County & State	e, or fareign country)	COUNT	EN OF WHAT TRY?
rtificate ohysicia en plea: svol, an	13.	FATHER'S NAME					Sparta, Ga. 14. MOTHER'S MAIDEN NAME		_LUSA_	
leath ce ending p mit. The	IS. (Ye	WAS DECEASED EVE s, no, or unknown)	TRINUS. ARMED FORCES? (If yes give wor or dates of		SOCIAL SECURITY NO.	100	Minnie Har NFORMANT S. Virginia We	Washing	ress ton, DC 1th St	E344.0
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D HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use os the shauld be filed with the State Dept. of Health priar ta	CERTIFICATION	Fracture	left tilia, 1	right of	laviele, de	asta				19. WAS AUTOPSY PERFORMED? YES NO
PHYSICIAN: 1 the haspital or this certificate detached far us e Dept. of Healt		20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	<	Struck by	auto				
NG PHY / the h er this es detact ate Dep	MEDICAL	Haur o.r p.i	n. 3/9 191	While at war	Nat While at wark	facto	E OF INJURY (Hame, farm, pry, street, office bldg., etc.)	20f. (City or town)		·c.
TENDII ined by OR: Aft auld be or the St		saw the d	fy that (I) (this has eceased alive an_	spital) atten	ded the deceased f	ram nd that	3 /9 , 19 <u>6</u> death accurred at <u>4</u>	7, ta 7, M, from causes	and an the	7, that (I) (we) last date stated abave.
OR AT be reta DIRECTORES Shifted with led with		22a. SIGNATURE	an ford H.	Even	Luz	M.D	ATTENDING MED. PHYS. DIRE	CTOR STAFF PHYS.	22b. DATE	14 67
PITAI may ERAL ir, po		NAME (Type		senberg			1918 K St.	Ny, Wash.	, DC	
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be shauld be filed with the State		BURIAD CREMATION REMOVAL (Specify	8-17	-67	23d NAME OF CEMET	ERY OR O	stark!	Iandor	res	abety) of (State)
VR A15 (4)	24	RINERAL ARELTO	MA 9 MC	433	39-Huri	+ P	ME 2SO. REC'D BY		PEliane	Las Quelge



/1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120	
FOR STATE	11334 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1133	
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence	hefore admission)
is of of		
de at	b. CITY OR TOWN (If outside corporate limits. C. LENGTH OF STAY IN 1b C. CITY OR TOWN (If outside corporate limits, write PUPAL and give n	egonsery
2, and 3, 2, and 3, 1, 2, and 3, 1, and 1, a	write RURAL and give nearest town) Ledor Grove. Im. Damageus	Jet /
epo epo	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) . II d. STREET ADDRESS	I e. IS RESIDENCE
e D	Salem Methodist Church 9069 Main St.	e. IS RESIDENCE ON A FARM? YES NO
after death. It any 8. Give Pages 1, 2,7 alang with farm Ph with the State Depart within 72 haurs after	3. NAME OF First Middle Lost 4. DATE Month	Doy Year
ve F y win 7	(Type or print) Richard. Cornivell Whiteman. DEATH AUG	1 1967
of the lang	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YE	AR IF UNDER 24 HRS.
18 c a 2 w	M. WIDOWED DIVORCED J. July 23, 1916 lost birthdoy) Months Do	oys Hours Min.
Office and and eve	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or foreign country) 12. CITIZE	N OF WHAT
24 1 in 1 1 ss (ss)	FEFFICE - NEW MEXICO -	W.S.A.
thin 24 hours of the 18 miner's Office of pages land 2 w	13. FATHER'S NAME	
d with per Exam Exam File gand	A.L. Whiteman. Morgret E. Cornwell	
ted " in all E	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dotes of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
ecu ling edic erm navo	No 578-24-0689 Gerald Frick, Potomac, Md.	
INER: This certificate shauld be executed within 24 hours after death. It as certificate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Examiner's Office along with farm files. 3 shauld be used as a burial-transit permit. File pages land 2 with the State De int, prior to burial, cremation, ar remaval, and in dry event within 72 hours.	IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN
d be d 'p Chie rans	IMMEDIATE CAUSE (o) COTTYPET TO STEEL CAUSE (o)	SANSET AND DEATH
aula war he he ial-t	Conditions, if ony, which gove) (b)	
sh he ta t bur	rise to immediate couse (o),	
cote cre	stoting the underlying couse (c)	
rtifi rrittir vard vard od a rial,	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION CIVEN IN DART 1(2)	19. WAS AUTOPSY
s ce e, w farv use use	200. EXTERNAL CAUSE WAS PRIMARY OCCURRED. (Enter noture of injury in Port II of item 18.) 200. TIME OF INJURY Month, Doy, Yeor Hour o.m. 200. TIME OF INJURY Month, Doy, Yeor While Not While Too to W	PERFORMED?
This icate be be r to	20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)	YES NO
R: uld uld aulo prio	PRIMARY Or CONTRIBUTING CONTRIB	
MEDICAL EXAMINER: lease execute the certification. Page 4 shauld stained far yaur files. DIRECTOR: Page 3 shauls stained agent, principle stained stained agent, principle stained s	20c. TIME OF INJURY Month, Doy, Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County	r) (Stote)
METCAL EXAMIN please execute the director. Page 4 sh etained for your fil DIRECTOR: Page 3 s	Hour o.m. p.m. 19 While of work of	(5.0.0)
EX Scutton Page Tr y R: Po		and in my apiniar
ar. Fed for John gang	death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner	and in my apiniar
ase rect inner inn	CHIFF MEDICAL EXAMINER	
ple l di	SIGNATURE Ochn & Bell M.D. ASSISTANT MEDICAL EXAMINER [22. DATE SIGNED
EPUTY MEDICA issary, please ex- funeral directar. by be retained in or its design	DEPUTY MEDICAL EXAMINER 15	
ro DEPUTY necessary, the funeral 5 may be r 0 FUNERAL Health or ii	NAME (Type) John G. Ball, M.D. Address (Street, city, town, or county)	
TO DEPUTY MESTAL EXAMINER: This certificate shauld be executed necessary, please execute the certificate, writing the ward "pending" is the funeral directar. Page 4 shauld be farwarded to the Chief Medical 5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. Health or its designated agent, prior to burial, crematian, ar remaval,	REMOVAL (Specify)	unty) (Stote)
VR A15ME (50)	Olin L. Molesworth, Damascus, Md. 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNAL ALIGNMENT AND ALIGNMENT AND ADDRESS 250. REC'D BY REGISTRAR 250. REC'D BY REC'D	
3W 1700	DAIL NOU 1 TOUT	00

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THE PROPERTY OF DEATH 1335 CERTIFICATE OF DEATH 1337 L PLACE OF DEATH 2 UNIAL REDDUCK (When diseased lawe), if institutions regulations before definication b. COURT (Many Court of Court	1 3	MARYLAND STATE D Division of STATISTICAL RESEARCH AND RECORDS, 3	PEPARTMENT OF HEALTH OI W. PRESTON STREET, BALTIMORE, M	ARYLAND 21201
PART OF BEATH OURING COUNTY MARTINED MICROSTRUCT (I) QUISING coppose limits, winde BURBAL ond give necest town OURING COUNTY MARTINED MICROSTRUCT (I) QUISING coppose limits, winde BURBAL ond give necest town OURING COUNTY MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING coppose limits, winde BURBAL ond give necest town OURING A MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING coppose limits, winde BURBAL ond give necest town OURING A MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING coppose limits, winde BURBAL ond give necest town OURING A MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK OF BURBAL OND GIVE AND THE MICROSTRUCT (I) QUISING COPPOSE IN MARK	6			
STATE OF THE PRINCE TOWN ARMED CORES OF THE PRINCE OF THE	ifter deoth	1. PLACE OF DEATH 0. COUNTY MONT 60 MCKY MARYLAND	Maryland b	. COUNTY Montgamery
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE	In 24 hours of the state of the	write RURAL ond give neorest town) SIVER SPAINS MC. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street oddress)	d. STREET ADDRESS FULLER ST	e. IS RESIDENCE ON A FARM?
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE	executed within the second of	3. NAME OF DECEASED (Type or print) S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	Lost 4. DATE OF DEATH B. DATE OF BIRTH 9. AGE (In ye lost birthe)	AUQUIT 27 1967 POIS IF UNDER 1 YEAR IF UNDER 24 HRS.
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE	certificate be e	during most of warking life, even if retired) 13. FATHER'S NAME LOUIS WICE 13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME 19. M KHOWH	COUNTRY?
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE	nat the death y the attendin insit permit ematian, or re	(Yes no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	AUL WICE 309	INTERVAL BETWEEN
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE	w requires the ling physician seen signed by the burial-tro rto burial, cr.	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse DUE TO	: heartdisease	
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE	IN: The la ar attended to a to a strong or	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO		YES NO 🔀
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE	PHYSICIA the haspita this certific detached to e Dept. of to	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. 20d. INJURY OCCURRED fo	ACE OF INJURY (Home, form, 20f. (City or to	
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE	ATTENDING tained by trained by trained by the should be that the State of the State	21. I certify that (I) (this haspital) attended the deceased from sow the deceased alive an \$126 19 67, and the	at death occurred of 1222M, from ca	uses and on the date stated above.
VR A15 (4) 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE	PITAL OR I	Denne M. Brida M.	10820 GA ADURESS	Wheaton, 100.
20 M 1/66 March Fernand Home 4217-9 - IX May DATE	TO HOS Page 4 Poge 4 directo	BURIAL P/29/67 GEO. WAS	7 - CET - HT-121TS	WILLE . MO.

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	S THE I WALL	L-7-April 47	C-scall carried 49200	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 11339 CERTIFICATE OF DEATH 11337 OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death 1. PLACE OF DEATH USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. STATE b. COUNTY c. LENGTH OF STAY IN 16 b. CITY OR TOWN (If ourside corporate corporate limits, waite RURAL and give nearest tawn nve negrest law .= d. MAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET IS RESIDENCE ON A FARM? YES 3. NAME OF DATE Month Day DECEASED OF DEATH (Type or print) S. SEX 6. COLOR OR RACE MARRIED AGE (In years IF UNDER IF UNDER 24 HRS last_birthdoy) Months Dovs Hours WIDOWED DIVORCED and 1Do. USUAL OCCUPATION (Give kind of work done 1Db. KIND OF BUSINESS OR 12. CITIZEN OF WHAT during most of working INDUSTRY 13. FATHER'S NAM 14. MOTHER'S MAIDEN NAME removol. 17. INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service 0 600 Mans 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: burial-transit IMMEDIATE CAUSE (o) the hospital or attending physicion. signed 1 DUE TO burial, Conditions, if any, which gave rise to immediate couse (o), DUE TO stoting the underlying couse tor use as the l Health priar to b this certificate has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) WAS AUTOPS'
PERFORMED? NO NO 20o. ACCIDENT WAS UNDERLYING I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 2Dc. TIME OF INJURY Month, Doy, Year 2Dd. INJURY OCCURRED 2De. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work TO FUNERAL DIRECTOR: After 21. I certify that (1) (this hospital) attended the deceased fram 16 be retained 1967, and that death occurred of 10 FIM, from causes and an the date stated above saw the deceased alive an_ 22o. SIGNATURE MED. DIRECTOR PHYS. director, page should be filed 22c. PHYSICIAN'S ADDRES NAME (Type) BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Maryland Rockville. Parklawn 8/19/67

2Sb.

4-UNFRA DIRECTOR Funeral Home-1999 Rockville

Rockville, Maryland

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

11340 CERTIFICATE OF DEATH

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 3 shauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within 72 haurs after death **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

11339

1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)
	a. COUNTY Montgomery MARYLAND	O. STATE MARYLAND b. COUNTY MONTGOMERY
ŀ	b. CITY OR TOWN (If autside corporate limits. c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)
ı	write RURAL and give nearest tawn)	
	TAKOMA Park Imonth + 2 days	TAKOMA PARK 1511
7	d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address)	d. STREET ADDRESS O. IS RESIDENCE ON A FARM?
	Washington Sanitarium & Hospital	8523 Glenview Me. Hpt. 205 YES NOS
	3. NAME OF First Middle DECEASED	Last 4. DATE Manth Doy Year
	(Type or print) Centrude NMN	Wilson DEATH August 18 1967
	S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 1887 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Female Caucasion WIDOWED DIVORCED [Oct. 29, Market 79 Roocyrs. Months Days Haurs Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & State, or fareign country) 12. CITIZEN OF WHAT
1	none- Housewife with none	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	Charles Wurdeman	Elizabeth Volland
1	IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address
	(Yes, no, or unknown) (If yes give wor or dotes of service) 577-05-08560)	ce-MARY Wurdeman, 8105 Flower Ave. md.
Ī	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	INTERVAL BETWEEN
1	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Auglolium	Way affine ONSET AND DEATH
	4200 DUE TO	
	(Conditions, if any, which gave) (b) / 1940 500	hole was delas
	rise to immediate cause (a),	
1	storing the underlying couse	
-		
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO 1	THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
2	E Postoli Rympluon	YES NO
	20g. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in Part I or Part II af item 18.)
1		
-	20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLAY Haur a.m. While Not While	CE OF INJURY (Hame, farm, 20f. (City or town) (Caunty) (State)
-1	Hour a.m. 19 While Not While of facts	ary, street, affice bldg., etc.)
1	pare of work and of work and	7-16 1967 to 8-18 1967 that (1) (we) last
	21. I certify that (I) (this haspital) attended the deceased fram	t death accurred at 6th P. M., fram causes and an the date stated abave.
1	220. SIGNATURE	22b. DATE SIGNED.
١	MIN HALLEN M.C.	ATTENDING MED. STAFF DI O -10/1-7
	22c. PHYSICIAN'S	J 22d. ADDRESS
	NAME (Type) ABRAHAM WIDANIS,	\$ 1106 > pring St. S') Show
1	230. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR	CREMATORY 23d. LOCATION (City or Town) (County) (State)
	Burial Aug. 22 1967 Glenwood Cem	etery Washington D. C.
	24 FUNERAL DIRECTOR ADDRESS LL GOOM	GAG. ALASO. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
	Warner E. Pumphrey Tuneral Home Silver Sp	
1	of the sample of the same of	AUD AU IVI

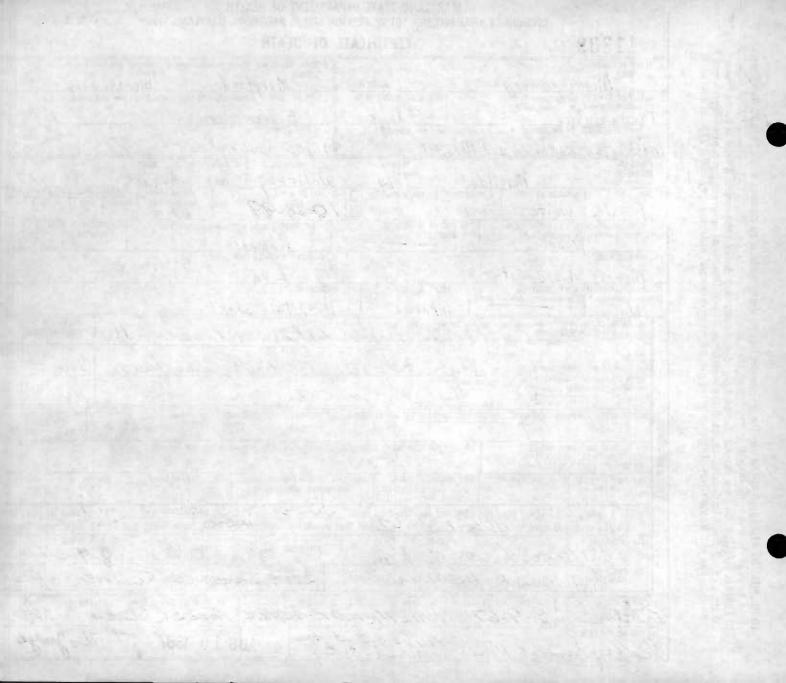
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11341 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-330 CERTIFICATE OF DEATH

	22000				
1.	PLACE OF DEATH			Where deceased lived, if institutio	
	a. COUNTY Man + gomery	MARYLAND	o. STATE	b. COUNT	ntgomery
-	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 1b	c CITY OR TOWN (IC ou	utside corporote limits, write RURA	7-1 12.71
-	write RURAL and give nearest tawn)	-11	C . 1	C C C C C C C C C C C C C C C C C C C	at one give nearest term,
	akona Park	1 days	Silver	Springs	/ 5
٠,	d. NAME OF HOSPITAL OR INSTITUTION (If not in h Jashing tou Sanitarium and		d. STREET ADDRESS	lin Road	e. IS RESIDENCE ON A FARM? YES NO X
	NAME OF First	Middle	Lost	4. DATE Month	Day Year
		la Toby	Wolitzky	OF DEATH Augus	+ 7 1967
S.	SEX 6. COLOR OR RACE 7. M	IARRIED NEVÉR MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthdoy)	Months Doys Hours Min.
	female white wi	DIVORCED .	10-25-88	67 yrs.	Months Doys Hours Min.
10o dur	. USUAL OCCUPATION (Give kind af wark dane ing most af warking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	0	& Stote, or foreign cauntry)	12 CITIZEN OF WHAT COUNTRY?
_	None		Koma		America
13.	FATHER'S NAME		14. MOTHER'S MAIDEN	NAME 5 7	>
	Morris Leibowitz		Eva		
	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknown) ((If yes give wor or dotes of servi		INFORMANT	Address	
(10	No.	unknown	Hospital c	chart	
	18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY:	1 1 - 2	11	4 - >	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	Icute myoca	raiai inja	retion -	/ Cre UNSET AND DEATH
	420 / DUE TO	11 00 (. 0	1	1
	Conditions, if ony, which gave (b)	Hypert Eusive	Cardiol	lascular dise	ase you
	stating the underlying couse DUE TO	Co o u	001		1
	lost. (c)	chabetes me	elliby		1/2
z	PART II. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(a)	10. WAS AUTOPSY PERFORMED?
ATIO					YES NO X
MEDICAL CERTIFICATION	20g. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in	Port I or Port II af item 18.)	
CAL	20c. TIME OF INJURY Month, Doy, Yeor	20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, farm	1, 20f. (City or town)	(County) (State)
MED	Hour o.m.	While Nat While foct	tory, street, affice bldg., etc.)		
	p.111.	otwark U otwark U	100010= 1	965 to AUG. 7	10674.401
	21. I certify that (I) (this hospital)	arrended the deceased from	t death accurred at		, 1967, that (I) (we) last nd on the date stated above.
	saw the deceased alive an 40	14 -, and indi	i dealli accorred dis	m, nam causes a	22b. DATE SIGNED
	11/11/201	2/2. h	ATTENDING PT	MED. STAFF	A W/ /
	22c. PHYSICIANYS	Xenny M.E	D. PHYS. LET 22d. ADDRESS	DIRECTOR L PHYS. L	8-1-01
	NAME (Type) MYRON L.	LENKIN	230951	HOREFIELD KD	CONEATON MD
230	BURIAL REMATION, 23b. DATE THEREOF	23c, NAME OF CEMETERY OR		23d. LOCATION (City or Town	
\$	2 REMOVAL (Specify) 8-9-67	1 VAIL MEM		77	
24	I. FUNERAL DIRECTOR	ADDRESS TE A	Mary 250. REC'I	BY REGISTRAR 10C7	Claries Judge
et	Solvery Buneral Hon	4217-9-4 Wall-9.	DATE A	UG 10 1967	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, crematian, ar remayal, and in any event, within 72 haurs after death. 10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67



1	4	Items 18&21 Film 392 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		11340 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	11342
2, ond 3 to PM3. Page HEALTH DEBH	1. 1	PLACE OF DEATH C. DUNITY MARYLAND D. STAT D. STAT D. STAT D. STAT D. CITY OR TOWN (II Juriside carparate limits, write RURAL and or was a guern and state of the component of the component of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits, write RURAL and or was a guern and state of the carparate limits.	umbia
S T S T T T T T T T T T T T T T T T T T	1	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 1. ASH, SAN, + HOSPITAL 1513 alleson St. 1	e. IS RESIDENCE ON A FARM? YES NO
lo Gie		NAME OF DECEASED (Type or print) SEX 6. COLOR OR RACE 7. MARRIED DIVORCED DIVORCED NEVER MARRIED P. AGE (In YG) IF UND Incomply Inco	Doy Year 1967 ER I YEAR IF UNDER 24 HRS. s Days Hours Min.
24 hours of in Item To. 's Office old	duri	. USUAL OCCUPATION (Give kinds) work done ing most of working life, even if retired) 10b. KIND OF BUSINESS OR III. BIRTHPLACE (State or foreign country) I2.	CUTIZEN OF WHAT
d within 24 in pencil in Exominer's File pages '? hours offe	3	FATHER'S NAME Lampes Wright Ellen Clark	
ecuted ling" in edical E ermit. F thin 72	IS. (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 0 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes give war or dates af service) 78-62-4540 HOSP, RECUR	
necessory, pleose execute the certificate, writing the word "pending" in pencil in Item 18. Give Page the funeral director. Page 4 shauld be forwarded to the Chief Medical Exominer's Office along with fismay be retained for your files. To FUNERAL DIRECTOR: Page 3 should be used os a buriol-transit permit. File pages 1 and 2 with the Stot Health prior to buriol, cremation, or removal, and in ony event within 72 hours ofter death.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary embolism and DUE TO Canditions, if any, which gave nise to immediate cause (a), stating the underlying cause last. (b) Acute bronchopneumonia DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH
s certif e, writi forwar forwar novol, c	ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
CAL EXAMINER: This execute the certificate, or. Page 4 shauld be fod for your files. TOR: Page 3 should be united, cremation, or removiriel.	L CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)	
EXAMIN Just the dige 4 ships your fill Page 3 stremation	MEDICAL	Hour a.m. p.m. 19 While at work factory, street, affice bldg., etc.)	County) (State)
DEPUTY MEDICAL EXAMINER: sessory, please execute the certie funeral director. Page 4 shauld may be retained for your files. FUNERAL DIRECTOR: Page 3 should hip prior to buriol, cremation, o		21. I certify that I taak charge af the remains described abave, held an Autapsy , Inspection , Inquiry death resulted from: Natural causes Accident , Suicide , Hamicide , Undetermined manner CHIEF MEDICAL EXAMINER	, and in my apiniar
UTY MEDITY ONY, please neral direct be retaine RAL DIREC		ACTUAL SIGNATURE SIGNATURE EXAMINER'S DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	22. DATE SIGNED
TO DEPUTY necessory, p the funeral 5 may be r TO FUNERAL Health prior	230	NAME (Type) SELDE (V & CATTON COUNTY) 1. BURIAL, CREMATION, REMOVAL (Specify) 1. BURIAL CREMATION, REMOVAL (Specify) 1. BUR	(Caunty) (State)
VR A15ME (5)	24	TUNBRAL DIRECTOR 18/21/07 WOOD AWN CEMETER STONE OF REGISTRAR 19/25b. REGISTRAR 19/2	S SIGNATURE

A THOUGH A VIOLEN LAND TO THE SECOND CHAPTEL SEEL STATES STATES LANGUAGE CONTRACT OF THE PROPERTY O 1 - 2 - 5 V X 5 W Mary 12 1 Contract The mass of the second CONTRACTOR OF THE STATE OF THE CONTRACTOR OF THE

MARYLAND STATE DEPARTMENT OF HEALTH 11341 CERTIFICATE OF DEATH death.

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) a. COUNTY District of Columbia OUNTY Montgomery MARYLAND b. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 16 P.O. TOWN (If outside corporate limits, write RURAL and give nearest tawn) Westwood, Md. 126 days Washington Bethesda d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 5507 Albia Rd. YES NO TO Naval Hospital 20016 NAME OF First Middle Last 4. DATE Manth DECEASED Wright George Charles 19 (Type or print) DEATH S. SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH AGE (In years IF UNDER IF UNDER 24 HRS. NEVER MARRIED lost direthday) Months Haurs Aug 1902 Male Canc WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) INDUSTRY COUNTRY? U.S.A. USN Iowa 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Hamilton George Cyrus Wright 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give war ar dates af service) 5507 Albia Rd. WDC Mrs Estelle Wright 262-60-8105 Retired 18. CAUSE OF DEATH (Enter only one could line for (a), (b), and (c).) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY ONSET AND DEATH Brain Tumor IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gove (b) rise ta immediate cause (a), DUE TO stoting the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? NO K 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20d. INJURY OCCURRED 20c. TIME OF INJURY Month, Dov. Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (Caunty) (State) Haur a.m. factory, street, affice blda., etc.) Not While at work ot work 21. I certify that (I) (this haspital) attended the deceased fram 3 April , 19 67 to 7 August, 19 67, that (I) (we) lost sow the deceased olive on 7 August 1967, and that death accurred at 7:59 M, from causes and on the date stated above. 19 67 to 7 August, 19 67 that (I) (we) lost 22g. SIGNATURE 22b. DATE SIGNED **ATTENDING** STAFF PHYS. 8 Agust 1967 M.D. 22c. PHYSICIAN'S 22d. ADDRESS Naval Hospital, Bethesda, Md. NAME (Type) Unofrio 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23d. LOCATION (City or Town) (State) REMOVAL (Specify) Arlington National Arlington, Va. 8-10-1967 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** 2Sa. REC'D BY REGISTRAR Gawlers Funeral Home 5130 Wisconsin Ave WDC

requires that the death certificate be executed within 24 hours after death remove carbon pape ond in ony ottending physician opermit. Then please or removal. burial, cremation, signed by the burial-tronsit be retained by the hospital or attending physicion. has been be detached for use os the Stote Dept. of Health prior to ATTENDING PHYSICIAN: The low certificote TO FUNERAL DIRECTOR: After this director, page 3 should should be filed with the VR A15 (4) 25M 1/67

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

FOR STATE HEALTH DEPT.

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This certificate should be executed within 24 hours after death.

e, writing the ward "pending" in pencil in forwarded to the Chief Medical Exominer's

writing the ward

please execute the certificate,

the funeral director.

AL EXAMINER:

within 72 hours often buriol-tronsit event \ in ony 0 pup or removol, 3 should cremation,

deoth. DIRECTOR: Page 5 may be re prior Heolth

11343 11345 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) PLACE OF DEATH Montgomery g. COUNTY o. STATE Maryland b. COUNTY Baltimore MARYLAND b. CITY OR TOWN (If autside corporate limits. C. LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give nearest town) write RURAL and give pearest town)
Silver Spring DAA. d. STREET ADDRESS Nelson Ave. d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address)
Holy Cross Hospital IS RESIDENCE ON A FARM? NO X NAME OF First Middle 4 DATE Month Year DECEASED 19 67 NMI Zitomer August Hyman (Type or print) DEATH S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED 9. AGE (In years 85 birthday) Months Davs WIDOWED IN DIVORCED 1885 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (State or lareign country) 12. CITIZEN OF WHAT during most of working life even if retired)

retired —cabinet USA COUNTRY? Russia 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Zitomer Unknown 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) 17. INFORMANT Son 16. SOCIAL SECURITY NO. Coladsville, Md. Joseph Zitomer-13312 Old Forge Rd 1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN PART 1. DEATH WAS CAUSED BY: Coronary Insofficency Acute. IMMEDIATE CAUSE (a) DUF TO Conditions, if any, which gave rise to immediate cause (o), DUF TO stating the underlying couse 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO X 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II af item 18.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH. 20c. TIME OF INJURY Manth, Dov. Year 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (Stote Haur a.m. factory, street, affice blda.. etc.) Nat While at wark 21. I certify that I taak charge of the remains described above, held on Autopsy Inspection X Inquiry X, and in my opinion Natural causes Accident . Suicide . Hamicide death resulted fram: Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER

Address (Street, city, town, ar county)

DATEAUG

G 3 0 18

23d. LOCATION (City or Town)

Washington.

2Sb. REGISTRAR'S SIGNATURE

ycharles

VR A15ME (5)

EXAMINER'S

NAME (Type)

23a. BURIAL, CREMATION,

24. FUNERAL DIRECTOR

JOHN

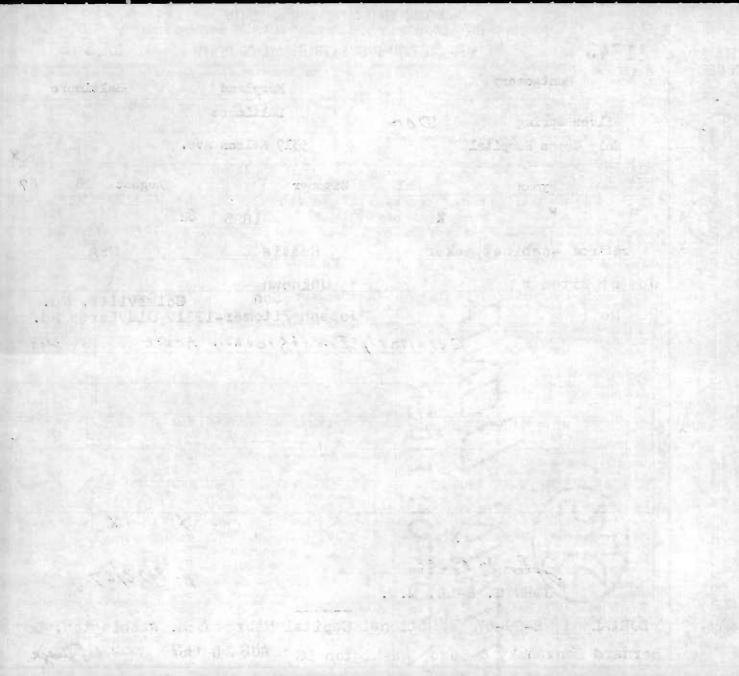
23b. DATE THEREOF

G. BALL, M.D.

Bernard Danzansky & Sons Washigton DC

23c. NAME OF CEMETERY OR CREMATORY

National Capital Hebrew Cem.



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